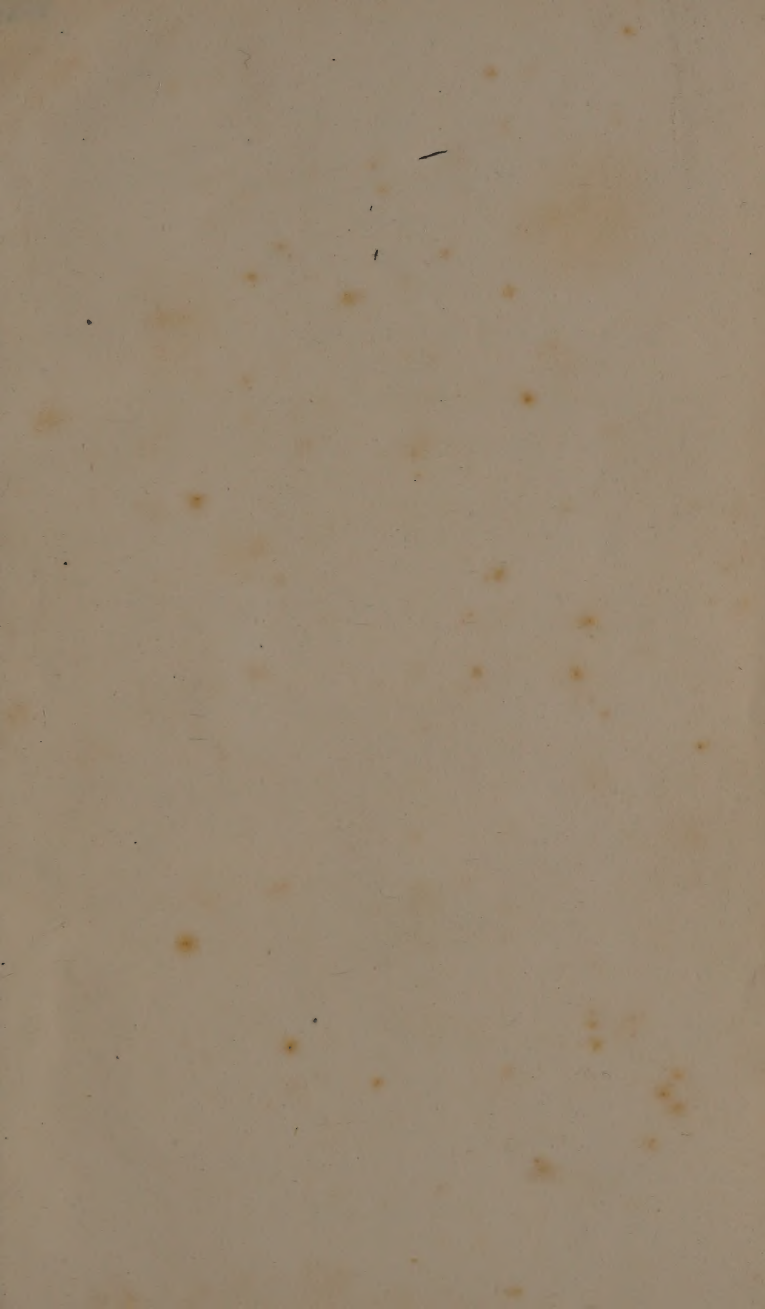


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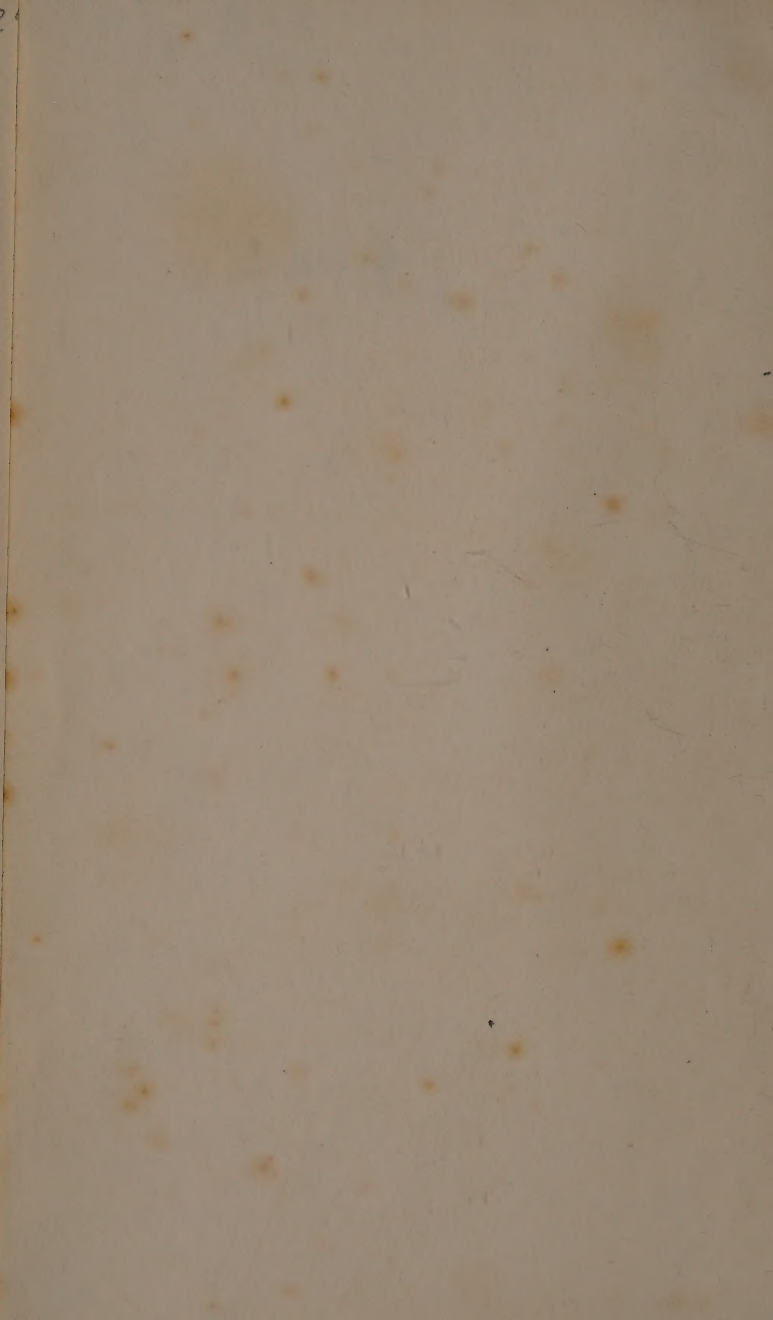


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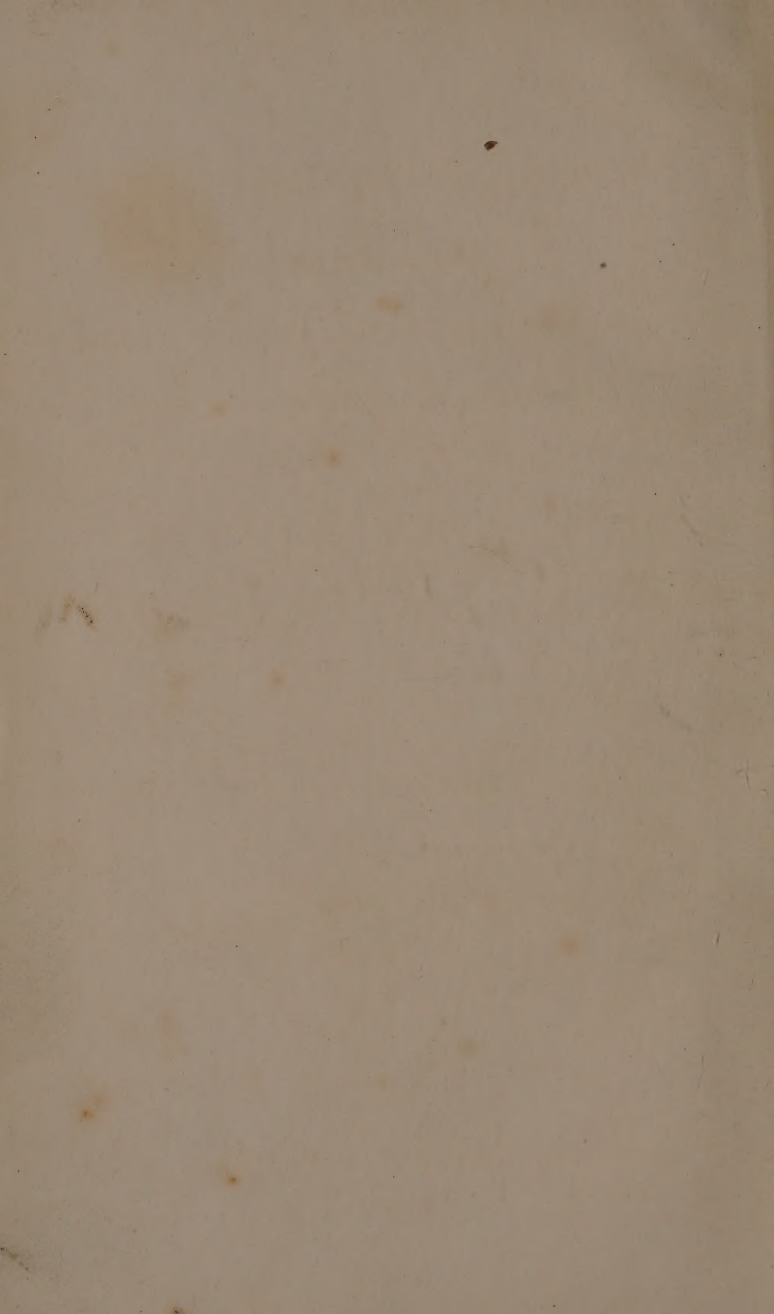
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THEORY OF PHOTOGRAPHY

CHAPTER V



ON
FEIGNED AND FACTITIOUS DISEASES,
CHIEFLY OF
Soldiers and Seamen,
ON THE
MEANS USED TO SIMULATE OR PRODUCE THEM,
AND ON THE
BEST MODES OF DISCOVERING IMPOSTORS:

BEING THE PRIZE ESSAY IN THE CLASS OF MILITARY SURGERY, IN THE UNIVERSITY OF
EDINBURGH, SESSION, 1835-6, WITH ADDITIONS.

BY HECTOR GAVIN, M.D.

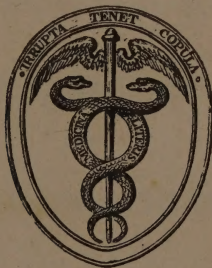
F.R.C.S.E., M.R.C.S.L.,

SURGEON TO THE LONDON ORPHAN ASYLUM; AND TO THE BRITISH PENITENT FEMALE
REFUGE; FORMERLY PRESIDENT OF THE HUNTERIAN MEDICAL SOCIETY; MEMBER
OF THE ROYAL MED. SOC. ED.; AND OF THE HUNTERIAN MED. SOC. LON.

“Μηδέποτε μηδεν αἰσκρον ποιησας ἐλπίζε ληθειν.”—ISOCRATES.

“Potiorque videbitur ille
Ultima qui cepit, detractavitque furore
Militiam ficto?”—OVID, Met., lib. xiii., l. 35.

“Utile videbatur Ulyssi (ut poetæ tradiderunt) simulatione insanix militiam sub-
terfugere.—CIC., DE OFF., lib. iii., cap. 26.



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PRIZE ESSAY

ON

FEIGNED & FACTITIOUS DISEASES

UNIVERSITY OF EDINBURGH

BY

HECTOR GAVIN M. D.

TO

SIR JAMES M'GRIGOR, BART.,

M.D., F.R.S., & K.C.T.S.,

DIRECTOR GENERAL OF THE MEDICAL DEPARTMENT
OF THE ARMY, &c., &c.,

WHOSE ZEAL HAS SO MUCH PROMOTED THE ADVANCEMENT OF MEDICAL
SCIENCE AMONG THE OFFICERS IN HIS DEPARTMENT;

WHOSE EXERTIONS HAVE CONTRIBUTED SO LARGELY TO IMPRESS AN
EXACT AND SCIENTIFIC CHARACTER UPON

THE RESULTS OF THE INVESTIGATIONS INTO THE STORES OF KNOWLEDGE
WHICH HAVE BEEN ACQUIRED BY

THE ARMY MEDICAL OFFICERS IN THE EXERCISE OF THEIR DUTIES; AND
WHOSE FAVOURABLE OPINION OF AN ABSTRACT OF

THIS ESSAY, AND RECOMMENDATION TO EXTEND THE WORK, HAS CAUSED
ITS APPEARANCE IN ITS PRESENT FORM;

THIS ESSAY

IS MOST RESPECTFULLY INSCRIBED

BY

THE AUTHOR.

P R E F A C E.

In April 1836 this work appeared in a less extended form, in competition with many others, for the prize proposed by the Professor of Military Surgery, in the University of Edinburgh, in April 1835, to the author of the best essay "ON THE BEST CLASSIFICATION OF THE FEIGNED AND FACTITIOUS DISEASES OF SOLDIERS AND SEAMEN, ON THE MEANS USED TO SIMULATE OR PRODUCE THEM, AND ON THE BEST MODES OF DETECTING IMPOSTORS."

The competition was open to the students of that and the preceding years, and was conducted with the usual restrictions and forms. The Judges, Sir Geo. Ballingall and Dr. Trail, the Professors of Military Surgery and Medical Jurisprudence, and others, awarded the first prize to the following essay; which has been considerably extended, and somewhat altered since that time.

The object which the Professor more immediately had in view, besides a correct history of the modes of fraudulently simulating disease, was the formation of such

a classification, as would enable the surgeon, by it alone, to form an idea, not only of the frequency and success of imposition in any particular disease, but also of adjudging to soldiers who were discharged with a pension, the rate of that pension, according as the disease on account of which they were discharged was or was not capable of simulation ; premising, that though such a rule might, (and probably would,) be attended with individual injustice, yet its practical advantages would counterbalance such a minor grievance ; because there would be a fixed scale for the amount of pension to be awarded to soldiers discharged on account of a particular disability, and a great consequent reduction of the Pension List. The idea that this object has been achieved by the classification contained in the present essay is not entertained ; though it may be presumed that some approach has been made to the principle on which such a classification should be founded.

This object of the Professor, probably arose from the instruction given to the French medical officers, employed on the duty of inspecting disabled soldiers by the Ordonnance of 1831, to classify the disabilities which arise from wounds and other infirmities occasioned by military service, and which confer a claim for pension,

under six heads or degrees; according to which degree the rate of pension is awarded.

In Belgium, the cases of wounds or infirmities which afford an immediate or relative right to a retiring pension are three in number.

No labour has been spared in consulting the works of nearly every author who has written upon Feigned Diseases, or to render the rules for the detection of the simulation of disease, both generally and individually, precise and accurate; and for that purpose have been inserted, (so far as the author could learn,) nearly all the means adopted by impostors to favour their ends.

Should the following essay serve, either to prevent the honourable physician from being made the dupe of the artful impostor, or guard him against judging too harshly in doubtful cases, and unjustly punishing the innocent; more especially, from being himself the instrument of punishment in presumed cases of malin-gering, the object of its publication will have been attained.

5, Thurlow Place, Hackney Road.

MARCH, 1843.

ERRATA.

- Page 49, line 16, for "more," read "most."
57, note, line 7, from bottom, for "impositeurs," read "imposteurs."
78, last line, for "state," read "stare."
81, line 16, for "affections," read "affection."
102, note, for "ii," read "li."
112, line 26, for "execute," read "executes."
135, last line of text, for "evidence," read "evidences."
210, 6th last line, for "several," read "severest."
221, line 1, for "2," read "1."
221, line 2, for "3," read "2."
247 notes are numbered 3, 1, 3, 4, for 1, 2, 3, 4.
247, line 13, for "excitteur," read "excitetur."
258, line 27, for "all," read "our."
286, last line, for "to," read "of."
287, line 24, for "acid," read "acid."
"BIBLIOGRAPHY," 1st line, for "υποπιητοι," read "υποποιητοι."
2nd line, for "Erleichteten," read "Erdichteten."
4th line, for "Fingidos," read "Fingidas."

INTRODUCTION.

DISEASE has been simulated in every age, and by all classes of society. The monarch, the mendicant, the unhappy slave, the proud warrior, the lofty statesman, even the minister of religion, as well as the condemned malefactor, and boy “creeping like snail unwillingly to school,” have sought to disguise their purposes, or to obtain their desires, by feigning mental or bodily infirmities.

The earliest known instance of feigned indisposition occurred in the person of Rachel, the favourite wife of the patriarch Jacob, whose object was to secrete the stolen idols of Laban.¹ I need scarcely bring to the mind of the classical reader, the stratagem adopted by Ulysses to avoid leaving his young bride for the Trojan war; or the method employed by Palamedes to expose the feigned insanity of the *father*. On scriptural authority we are told that King David feigned madness to avoid imminent dangers. Solon likewise feigned mania to excite the Athenians to rescue his beloved, native Salamis, from the hands of the Megarenses. Pope Sextus V., when Cardinal Montalto, feigned disease more surely to arrive at the tiara; and Junius

¹ Genesis, chap. xxxi. v. 35, A. C. 1056.

disguised his hatred to the Tarquins under the mask of brutal imbecility.¹ Amnon, the son of David, "made himself sick" for a most guilty purpose.² Charles, Duke of Bourbon, Constable of France, wishing to desert to the Emperor, "feigned sickness in order to have a pretence for staying behind;"³ in like manner "Hotspur's father, old Northumberland, lay crafty sick," to avoid the battle of Shrewsbury. Essex, the favourite of Elizabeth, is said to have feigned a violent disease to move her compassion;⁴ and Raleigh pretended madness, sickness, and a variety of diseases, to protract his examination and procure his escape.⁵ Gustavus Adolphus IV., of Sweden, was mean enough to simulate a wound of the leg.⁶ Rodericus a Castre reports, that in 1588, when there was some intention of sending a fleet against the English, the Portuguese soldiers and sailors "made themselves ill, and caused themselves to be bled," to avoid marching; the one from disgust at the sea, the other from cowardice.⁷

During the late long wars which devastated France, a thousand reasons induced the young men to feign disease to avoid conscription; and Foderé, speaking of the time when the conscription laws were in full force, says, "that the art of feigning disease was brought to such perfection, as to render it as difficult to detect a feigned as to cure a real disease."⁸ Fallot states that in consequence of the severity of the conscription laws, the simulation of disease in the minds of some became clothed with the insignia of justice, and seemed a legitimate

¹ Martial, Epigram. lib. ii. 34.

² "So Amnon lay down and made himself sick."—II Samuel, xliii. 6. ³ Hume.

⁴ Hume's England, chap. xlv.

⁵ Hume's England, James I., chap. xlviii.

⁶ Historical Sketch of the Last Years of the Reign of Gustavus IV. of Sweden, p. 57.

⁷ Dict. des Sciences Médicales, tom. li., art. Simulation des Maladies.

⁸ Foderé, Traité de Médecine Légale, vol. ii. p. 452.

defence against the continually increasing usurpations of these harassing laws, and became a combat of dexterity and cunning against force.¹

The difficulty of distinguishing the feigned from the real disease often arose from the malady which was at first feigned afterwards becoming, to a certain extent, real, by the use of the exciting means. Thus Montaigne speaks of a Roman who put a plaster over one eye, to counterfeit blindness of that organ, who, when he found it convenient to remove the plaster, discovered he really was that which he had feigned to be. One Cœlius wished to counterfeit the gout, and for that purpose “enveloped his legs and made them get fat;” but in the end he too surely acquired his wishes.

Tantum cura potest, et ars doloris
Desuit Cœlius fingere podagram.²

Pope Julius III. feigned sickness to avoid holding a consistory, “and that he might give the deceit the greater colour of probability, he not only confined himself to his apartment, but changed his usual diet and manner of life.” By persisting in this plan, however, he contracted a real disease, of which he died in a few days.³

The principle of imitating the great or distinguished has induced many to pretend disease: thus the courtiers of Dionysius, tyrant of Syracuse, in imitation of that king, feigned difficulty of distinguishing objects.⁴ And those of Louis XIV. of France, in similar imitation, feigned fistula in ano; and we are assured that many coming under the hands of ignorant sur-

¹ Memorial de l'Expert dans le visite sanitaire des Hommes de Guerre, &c., p. 182. Bruxelles, 1837.

² Martial, lib. vii. 33.

³ Robinson's Charles V.

⁴ Mahon, Médecine Légale, vol. i. p. 325. Plutarch, De diff. inter adul. et ami.

geons, who pierced the intestine, really acquired the disease.¹ The examples already mentioned might easily be multiplied to an indefinite amount from the stores of tradition and authentic history, ancient and modern ; but those already adduced will be sufficient to satisfy the curiosity of the reader.

Paré has reported examples of feigned (or rather excited) diseases, which surpass all that are recounted in modern times ; Lafontaine, likewise relates shameful histories of the same kind, occurring in ancient Poland ;² and in our day, according to Mr. Trollope, similar events are going on. He relates that outside the church St. Jean du Doigt, in Normandy, was a row of mendicants of a more horrible appearance than can be conveyed to the reader. "Let him combine," says he, "every image that his imagination can conceive of hideous deformity and frightful mutilation ; of loathsome filth and squalid vermin breeding corruption ; of festering wounds, and leprous, putrefying sores ; and let him suppose all this exposed in the broad light of day, and arranged carefully and skilfully by the wretched creatures whose stock in trade this mass of horrors constitutes, *so as to produce the utmost possible amount of loathsomeness, and sickening disgust* ; and when he has done this to the extent of his imagination, I feel convinced that he will have an imperfect idea of what met my eyes." . . "Of course each studiously placed himself so as most to expose that particular affliction which qualified him to take his place among the sickening crew."³

As examples in recent times of the distinguished by rank simulating disease, reference may be made to the Regent of Spain, who is stated to have pretended to labour under a

¹ Dict. des Sciences Médicales, tome li. art. Simulation des Maladies. Dionis. Cours de Chirurgie. Paris and London, 1733. Laumonier.

² Vide Chir. Med. Abhandl., sect. 175, &c. ³ Vide Athenæum, 1840, p. 457.

severe attack of his usual illness, to gain time for the prosecution of one of his objects; also to General Vandersmissen, who, in order to afford a pretext for his wife to prolong her visits beyond the usual hours at the prison of the Petit Carmes, feigned sickness for several days, by which means he materially facilitated his escape.

Those who simulated disease were formerly punished as forgers; and it appears from history that the Greeks were exceedingly severe against such persons; since Charondas suppressed the punishment of death against cowards and those who employed stratagem to avoid going to war, and contented himself with their exposure for three days, on a scaffold, in women's habiliments. In the latter days of the empire, when the Roman conscripts maimed themselves, they were compelled to serve, and Theodosius farther determined that two maimed conscripts, when furnished by a district, should be reckoned as one efficient recruit of the prescribed levy. By a law of Constantine, soldiers who mutilated themselves were branded and still retained in the service. Valentinianus and Valens confirmed this law, and ordered that the mutilators should be still more severely punished. On one occasion Augustus put some of the most refractory conscripts to death. In certain wars and under certain commanders, there was the greatest alacrity to enlist; but this was not always the case, sometimes compulsion was requisite, and those who refused were forced to enlist by fines and corporal punishments;¹ sometimes they were thrown into prison or sold as slaves; some cut off their thumbs or fingers to render themselves unfit for service; hence, *pollici trunci*, poltroons; but this did not screen them from punishment.²

¹ Liv. iv. 53. vii 4. ² Dion. Cassius, lvi. 23.—Dion. vii.—Cic. Cœc. 34.—Suet. Aug. 24.—Valerius Max. vi. 3, 3.

Percy and Laurent say, that it is to be desired that in our days the law inflicted some corporal punishment or pecuniary fine on those who seek to deceive by the simulation of disease, and that it ought not to be less severe on those who lend their assistance to the fraud. By the *Code de la Conscription*, conscripts convicted in feigning disabilities were sentenced to hard labour for five years; and by one of the regulations incorporated into the same, "officers of health and others, convicted of having given a false certificate of infirmities or disabilities, or of having received presents or gratifications, were to be punished by not less than one or two years' imprisonment, or by a fine of not less than 300 or more than 1000 francs."¹ By the 70th Art. of *L' Instruction sur les Appels*, 12th Aug., 1818, those called upon to serve, who temporarily or permanently disable themselves to avoid the obligations of the law, are to be punished by imprisonment from one month to a year. Medical officers acting as accomplices are to be imprisoned from two months to two years, besides being fined from 200 to 1000fr., which penalties do not interfere with those adjudged by the penal code, (*Loi du, 21 Mars, 1832, art. 41,*); by which, (arts. 159-160,) false certificates for liberation or exemption from any public service, attach to their authors the punishment of from two to five years' imprisonment, and bribes and promises the penalty of banishment.

In our own service, by "The Rules and Articles," 1830, article 46, such individuals are to be cashiered. Instances of medical men assisting in frauds of this description are extremely rare; but mention is made of a dishonourable surgeon, named Desplats, who was sentenced to the pillory and imprisonment for

¹ Briand, *Manuel de Médecine Légale*.

assisting in such a fraud by injecting a reddish coloured liquid into the *tunica vaginalis* of some conscripts.¹

By the Dutch articles of war, as early as 1717, counterfeiting sickness was punished by discharging a soldier with disgrace, and depriving him of the privileges he would have been entitled to had he conducted himself correctly. The crime of "malin-gering, feigning, or producing a disease or infirmity," was not included in the articles of war until 1830.

In the Austrian service disabled men, or those who pretend to be so, are first examined by the surgeon of the company, then by a field surgeon, and officer of equal or superior rank, and then by another board, which is assembled by order of a general officer. Malingerers in this service are severely punished: sometimes they receive corporal punishment, and at other times they are sentenced to serve for life.² In our own service the 25th and 51st articles of the pensioning warrant confer a power on medical officers, which is adequate to deter men from protracting their recovery, or of rendering the cure of an injury imperfect.³

In connexion with this subject it may be remarked that the existence of feigned diseases should not be overlooked in the medical topography of any country; and that the details on this point should be ample, embracing the history of individuals, the particular diseases and symptoms which they have imitated, the real diseases which they have brought on, and the modes adopted for their discovery.⁴ To this Dr. Hennen adverts

¹ Marshall on the Enlisting, Discharging, and Pensioning of Soldiers, 1st edit.

² Tsfordink. Militärische Gesundheit Polezei.

³ Circular, Army Medical Department, 22nd June, 1830.

⁴ Vide Dr. Hennen's Medical Topography of the Mediterranean, p. 31.

in his Medical Topography of Cephalonia, p. 277, and Malta, p. 535. Dr. Prichard likewise, in his able work on the Natural History of Man, describes the diseases incidental to various branches of the human race, and the relations which they bear to the simulated affections of the same kind to which they give rise.

ON THE
FEIGNED AND FACTITIOUS DISEASES
OF
SOLDIERS AND SEAMEN;

WITH HINTS FOR THE EXAMINATION, AND RULES FOR
THE DETECTION OF IMPOSTORS.

IN the investigation of simulated diseases, it is necessary to bear in mind, that, though every feigned disease is pretended, or used as a pretext, in the sense which that word bears, as a means to the accomplishment of an end, still every pretended disease is not always feigned: that is to say, a disease may really exist, and yet be made to serve as a pretext. In such a case it is for the physician to judge of the value of the pretext; or, in other words, to determine the amount of exaggeration, and whether the nature and intensity of the actual disease are such as to accord to the patient the advantages which he claims.

One may feign the symptoms of a disease, without any disease existing—or else one may excite a state of real but temporary disease, in order to have it taken for a more chronic or permanent disease. Thus, for example, feigned epilepsy would be a disease simulated by imitation, whilst an ophthalmia would be a disease simulated by provocation, in a case where substances had been introduced behind the palpebræ for the purpose of exciting inflammation.

Alleged corporeal disabilities may, therefore, be arranged under four heads:—

1st, Feigned or purely fictitious diseases.

This division may be subdivided into pretended and simulated

diseases. A disease is *pretended* when the fraud consists merely in untruths uttered by the patient; for instance, the assertion of pain forms a simply pretended disease, as does also the assertion of deafness: a disease is *simulated* when the symptoms of disease are superadded; for instance, the rigor of an intermittent, or the appearance of purulent discharge from the ear, imitated by the introduction of honey into the external meatus, constitute simulations of disease.

2nd. Exaggerated diseases, or those which, existing in some form or degree, whether arising with or without the patient's concurrence, are pretended by him to exist in a greater degree or in a different form. Thus vertigo, deafness, amaurosis, rheumatism, may exist in a slight degree, and have their disabling effects much exaggerated. Wounds and injuries frequently come under this class.

3rd. Factitious diseases, or those which are wholly produced by the patient, or with his concurrence. For instance, ulcers, wounds, ophthalmia. The effects of these diseases are always exaggerated.

4th. Aggravated diseases, or those which originated without any design on the part of the patient, but which were afterwards increased by his use of artificial means. Thus varicose veins of the leg aggravated by the use of tight ligatures.

Dissimulated or concealed diseases, and those which are *imputed*, or said to exist in an individual who does not labour under them, do not fall under our consideration in this essay.

In the enlistment of recruits, the French and Prussian regulations are directed to prevent the *simulation* of defects. While our army, being recruited by voluntary enlistments, cause them chiefly to be directed against the *dissimulation* of infirmities. All armies equally require the vigilance of the medical department to prevent the simulation of defects after enlistment.

Diseases are feigned (using the word in its extended and general meaning) by some classes of society to a much greater extent than by others.

Thus: 1. Men apprehensive of being levied, or actually levied, or forced into the military and naval services; conscripts, men liable to serve in the militia, impressed seamen.

2. Soldiers, and seamen in the navy.

3. Persons who have subjected themselves to the control of the laws, or about to undergo imprisonment, trial, or punishment. Prisoners for debt, and other offences civil and criminal.

4. Revengeful or covetous persons, who desire to obtain a disproportionate punishment, or compensation for slight injuries suffered by them.

5. Those of the lower classes of society who prefer idleness to industry, and therefore excite the attention, compassion, and bounty of individuals or the public. This class comprehends the professed mendicant, whether vagrant or stationary, whether gipsy or gentleman-beggar; and also persons in the lower ranks among the poor, who occasionally in this manner practise on their richer neighbours, but more frequently deprive the deserving of the benefits intended for them, by defrauding benefit societies, parochial funds, workhouses, hospitals, asylums, dispensaries, &c.

6. Those who are influenced by the principle of imitation, which induces many to feign disease.

7. Sycophants are not uncommonly found in this class.

8. Those who are ambitious, or desirous to excite interest, are thereby often prompted to feign diseases of various kinds.

9. Those who are frequently termed fanatics, convulsionists, most probably all of those who affirm themselves to be under the influence of animal magnetism. Those who are hysterical, and others who are of a highly nervous temperament, are to be frequently found among the simulators of disease.

10. Persons not at all in poverty, nor living in a constrained position, who assume the semblance of disease from some inexplicable causes: these are chiefly females. They have been termed monomaniacs, and this simulation has, by some, been stated to be the characteristic of this variety of monomania.

11. As slaves no longer exist in the British dominions, they can no longer be referred to as a class frequently simulating disease. The sanatory effects of freedom have been already shown in the moral regeneration which has taken place with regard to the feigning of disease. When they now simulate disease, they will come under the classes already mentioned.¹

In this essay it is our object chiefly to consider the feigned and *factitious* diseases of the first two classes; but for its general utility, some remarks upon the frequency of the simulation of various diseases, and the modes of imitating and producing them must be made, having relation to the other classes of impostors.

The motives which prompt soldiers and sailors in the navy to simulate diseases, are many and various; but they may chiefly be reduced to the following, namely,—

To obtain their discharge from the service, with or without a pension, &c.;—to avoid the performance of the duties which are imposed upon them;—to escape some particular service which is disagreeable to them, or to obtain some other that is agreeable;—to obtain, *or prevent*, their removal from one climate or station to another;—to obtain the ease and comforts of an hospital, &c.;—sometimes, though rarely, to bring blame or punishment on an individual whom they dislike;—to avoid an apprehended or adjudged punishment;—to excite compassion or interest;—the hope of gain, &c. Not long since a fund existed in several of the heavy dragoon regiments, from which a man

¹ *Ægrotos se fingere solent—*

1. Mendici ut eleemosinis publicis vel privatis nutriantur.

2. Homines otiosi, qui labores fugiunt, aut ab officio odioso liberari cupiunt.

3. Juvenes, qui militiæ nomen dare debent, et milites qui ex auctoritate quæ-runt.

4. Homines ad torturam, supplicium, vel aliam poenam damnantur; aut qui definito tempore coram judice comparere debent.

5. Homines ab aliis læsi noxam sibi factam augent, ut mulctam obtineant majorem.

6. Agyrte morbos, &c.

7. Fanatici, &c.

Vide Plenck, *Elementa Medicinæ et Chirurgiæ Forensis*, p. 110.

who had subscribed to it for eighteen years, was entitled to receive an allowance of one shilling daily, provided he was discharged from the corps on account of ill health. This pension acted so strongly as an encouragement to fraud, that it has since been universally abandoned. Revenge induces some persons to magnify slight ailments.¹ Soldiers and sailors feigning disease are commonly designated as malingerers or skulkers; the latter term is used exclusively in the navy. Malingerers are also frequently termed "hospital birds."

The wars at the commencement of this century, the system of conscription in France, and in different ways imitated by other nations, the practices of balloting, drafting, recruiting, and impressment, the systems of bounty, half-pay, and pension, operated most powerfully in various ways in producing feigned and factitious disease. The great extent to which this practice of feigning and dissembling disease and disability prevailed, the frequency of its successful imitation, the great pecuniary loss and numerous bad effects of the successful examples of fraud and imposition upon the discipline of the army and navy, have been the means of forcibly directing the attention of the military and naval medical officers to the observation of feigned diseases and the best means of detecting them, and have thus rendered their study an important branch of the education of the military and naval surgeon. It is his duty to protect the public service from impositions of this kind—a duty, indeed, which scarcely needs to be dwelt upon, seeing that it is well known to what a serious extent, during the late prolonged wars, the service both of the army and navy suffered from such impostures being oftentimes successful, and how onerously the Pension List was burthened by men quite unworthy of its advantages.²

¹ Hamilton, Duties of a Regimental Surgeon, vol. i, p. 50. For a melancholy and instructive case, see Guthrie on the Arteries, p. 320. Also Hoffbauer, Médecin Légale relative aux Aliénés et aux Sourds Muets, p. 258.

² Decet omnino medicum sapientem, atque in re suâ præstantem, stultis quibusdam aut insolentibus, qui vel delusi, vel commodi, sui gratiâ morbum simulant, posse obstare prudentiâ. Porro sunt in terris homines, emolumentum aliquod inde captantes vitium quod non est corpori sibi concitant. Severinus.—Vide Scott, etc. Cyclop. Pract. Med. vol. ii. p. 135.

This fact may in some measure explain the singular circumstance that there are now as many soldiers on the pension list as on the army roll, which state of things, entailing as it does a vast expenditure, has produced public declarations of "the invaliding and pensioning of soldiers having been conducted *ignorantly, unjustly, and extravagantly.*"¹ By the careful examination and detection of impostors, one of the most material sources of fallacy will be removed, and thus prevent the medical officer being charged with ignorance and injustice, as well as being a dupe. The growing interest which of late has been excited upon the subject, is of itself satisfactory proof that the attention of the medical officers of the Army has been directed to the *certificate system*; a system which is stated in the army to have made "medical certificates mere matters of course," "as the medical officers are expected, at the expiration of a certain term, to assign causes of discharge, whether such causes exist or not." While it is easy to make such charges, it is difficult to refute them. There is no question, however, that the present careless manner of granting medical certificates ought to be very seriously reflected upon. The exemptions and immunities which they afford are very great, and if found to be abused, may cause their value to be so much diminished in the eyes of public boards, and the public generally, that these exemptions and immunities may in a great measure be withdrawn; and consequently produce much suffering to many whose situation should demand sympathy and relief. Medical certificates must not be compared as a practice (as they have been) to that of almsgiving; in the best hands they are liable to great abuse; and however pure and disinterested the motives, much evil not unfrequently results from them—none more than the inevitable depreciation of the medical character, which cannot fail to follow their being given in a careless or lax manner.

It would appear that notwithstanding the great severity and

¹ Lancet, April 6, 1839.

rigour with which the conscription laws were fulfilled in France, between the years 1800 and 1810, many escaped by the simulation of infirmities, or their artificial excitement. This will be made quite clear by examining the following table:—

In 1000 Rejections for all Causes, there were rejected, on an average,	In 1000 Rejections for all Causes, from 1824 till 1828, at the Recruiting Dépôt, Dublin, taking the average from 3032 Rejections.
For Idiocy 8	5 $\frac{1}{3}$
„ Deafness 17	2 $\frac{1}{3}$
„ Deaf-dumbness 1	—
“ Short-sight 58	—
„ Stammering 9	3
„ Epilepsy 21	1
„ Impaired Vision, and Diseases of the Eyes 121	63
„ Pulmonic Affections . 169	2 $\frac{1}{3}$
„ Diseases of the Urinary Organs 14	—
„ Loss of Incisor Teeth 13	15 $\frac{2}{3}$
„ Deformity of Feet or Toes 29 ³	

Lind states, that of 5743 patients admitted into Haslar Hospital in two years, there were affected with

Fevers	2174
Scurvy	1146
Consumption	360
Rheumatism	350!

¹ If the French mean by pulmonic affections, congenital or acquired malformation of the thorax, there are forty-five such cases in the Dublin Tables, which would make the average 14·8: a difference, however, which is still inexplicable, except on the ground assigned.

² The Dublin Tables include the loss of other teeth besides the incisors, and also diseases of the gums.

³ Deformity of feet or toes are included in the Dublin Tables, under the general head of defective condition of the inferior extremities, etc.

Fluxes	245
Pains, or old hurts	80!
Epilepsy	30!
Gravel	20!
Incontinence of urine	25!

After including 633 cases of other diseases which appear in a more probable relative proportion, and which are less frequently and less easily feigned, there remain 680 cases which are accounted for as being *chirurgical*, general, the itch, or *feigned complaints*.¹

As the acquittal or punishment of an alleged invalid very frequently depends on the decision of the medical practitioner, as to the true character of doubtful cases, he becomes invested with a responsibility which can be easily appreciated.²

The occurrence of feigned diseases among the patients of our hospitals and dispensaries, is by no means extremely rare, and our charitable institutions are frequently abused by impostors of this kind, and to a greater extent than is easily credited. Many of this class of diseases are of such a nature as to expose the knowledge or ignorance of the physician or surgeon more positively and more conspicuously than many other cases; many of them, also, become the subjects of legal investigation, and require medical testimony to be given in courts of law.³

The importance of this subject in private practice is greater than is commonly imagined; as one or other mode of feigning is often resorted to in civil life, especially among indulged females, in order to obtain compliance with their wishes, or to excite interest, or for the pleasure of deceiving; and, in such cases, the practitioner may lower himself in the estimation of the person attempting to impose upon him, by not detecting the cheat.

In the consideration of this subject it seems worthy of in-

¹ Means of preserving the Health of Seamen, p. 170, et seq.

² L'exemption et la reforme du Service Militaire pour maladies, infirmités, ou difformités prévues, offre un champ vaste, où l'erreur peut aisément se glisser.

³ Copland's Dict. of Practical Medicine, vol. i. p. 884.

vestigation, why some diseases are assumed in preference to others. It is to be remembered that several diseases and disabilities, the counterfeiting of which the contingencies of civil life suggest, it is no object either with the soldier or the sailor to assume. Perversion of reason, rather than the attainment of a discharge, or the evasion of duty, would sometimes appear to give rise to the simulation of diseases. In corroboration of this statement, Dr. Cheyne says, that he has no doubt that soldiers are often actuated by the same wayward fancies, so perplexing to the physician, which influence hypochondriacal or hysterical patients in the middling or upper ranks of life.¹ Dr. Hennen states, that some of the diseases of soldiers derive their character from a certain state of mental hallucination.² Some soldiers, indeed, without any ulterior object, seem to experience an unaccountable gratification in deceiving their officers, comrades, and surgeon:³ and Marshall remarks, that the simulation of disease, in some instances, seems rather to be a consequence of insanity, than a rational attempt of a man to improve his future prospects. He instances a man who divided the tendo-Achillis with a razor, and prevented as much as he possibly could its reunion, who bore an excellent character, had served twenty-six years, and might have been discharged with a good pension when he pleased.⁴ It is stated in the *Cyclopædia of Practical Medicine*, that there are cases which indubitably shew, that the simulation of disease has frequently been practised without the existence of any interested motive, indeed without motive of any kind; that there is, in short, a species of moral insanity of which this simulation is the characteristic.

It would appear that the principal, if not the chief cause, why some diseases are feigned in preference to others consists in "the relative facility with which some diseases may be feigned or artificially produced;" but *imitation* of real diseases, which the

¹ Dublin Hosp. Reports, vol. iv. ² Military Surgery, Second Edition, p. 458.

³ Dr. Cheyne, Dub. Hosp. Rep. vol. iv. ⁴ Hints to Young Medical Officers, p. 199.

impostors are in the habit of seeing, is at once the source from which they most frequently derive their knowledge, and the most powerful of the exciting causes which induce their simulation. Thus, the case of a soldier, who imitated admirably and successfully the gait of a patient with hip disease, which he had studied from the life in a boy who actually laboured under the affection.¹

Soldiers and sailors are frequently known to study carefully, and to mimic the ailments of their comrades. This principle of imitation or mental sympathy will be found to include a considerable number of those who practise the highest degree of self-mutilation, namely, suicide. Andral states, as proving the influence of imitation in causing suicide, that one of the inmates of the "Invalides" was found hanged in a particular corridor. Two days afterwards, a second was found in the same place; then a third, and even a fourth. This corridor was shut, after which no more hanged themselves.

M. Christophe, among other examples, alludes to two instances of the influence of imitation. Under the Empire a soldier killed himself in a particular sentry-box; and immediately many others acquired the suicidal monomania, and selected this box for the scene of self-destruction. The box in consequence was burned, and the imitation at once ceased.

Again, an invalided soldier hung himself at a particular door; in a fortnight afterwards, twelve other invalids chose the same door for the same purpose; the gate was walled up, and the hanging ceased to be epidemic in the hospital.² Andral further remarks, that, not long ago, it was the fashion for people to throw themselves from the top of the column in the Place Vendome. This was, however, only a fashionable mode of committing an act which is always common in Paris, and which was not the more frequent because this mode was preferred to

¹ Cyclopædia of Pract. Med., vol. ii., p. 135.

² L. M. Moreau Christophe, Inspector General of Prisons. On the Reform of Prisons.

the other means more usually adopted. We know that in a short space of time several instances have occurred of, and more attempts at, destruction by precipitation from the Monument, in consequence of one example of the same, than had taken place in a very long period previous.

As diseases are feigned for a variety of purposes, so the character of the assumed disability is calculated to suit the occasion. If a soldier wishes to escape or delay punishment, to evade duty of any kind, more especially that of embarking for foreign service, an acute disease is simulated. If, however, the design be to obtain a discharge, with or without a pension, an infirmity of another class is feigned— one which possesses a chronic, incurable character, calculated, if possible, to excite pity and commiseration.¹ With reference to the first class, Hennen remarks, that there are some diseases, the symptoms of which are so obvious to a well-informed medical man, who watches them closely, and at times when he is not suspected, that no artifice of those who pretend to labour under them can deceive him.²

It is much more easy to feign some diseases or disabilities than others, and in such the detection is often as difficult as the simulation is easy.³

It is difficult to pretend those whose diagnostic symptoms are certain and established, and whose natural course it is to effect a great change in the system, and to alter the various secretions and excretions in a remarkable manner. But such, on the contrary, as are variable and uncertain in their symptoms, and characterised by little or no change in the external appearance, *or where the correctness of an opinion depends much on the statements which the patient may give*, are most liable to be

¹ Marshall, Ed. Med. and Surg. Jour., vol. 26. Practical Observations regarding the Inspection of Recruits for the Army.

² Military Surgery, p. 453.

³ Les plus aisées à feindre sont celles de la vision et ses anomalies. Viennent ensuite la surdité, l'aphonie, le bégaiement, les otorrhées, les hémorrhagies, l'incontinence d'urine, l'épilepsie, les vices de conformations des pieds, des mains, les contractures, les rhumatismes, les dartres, les ulcères. Coche de l'Operation Médicale du Recrutement, p. 92.

feigned.¹ In the first class may be enumerated inflammatory affections, purulent expectoration, continued fever. Pretenders it is true may excite a febrile paroxysm by some means; but then it will either be ephemeral, or else, if it be of such a nature as to last longer, the pretenders themselves will be the first victims.² In the last class may be enumerated insanity, epilepsy, and pain. Men generally know that the imitation of internal disease, by embarrassing their attendants, inspires them with doubts and suspicions, and that affections which are perceivable neither by touch nor sight, and not recognisable by any very evident symptom, are likely to be discovered by the suspicions of fraud which are roused.³ In diseases characterised by obscure, variable, or uncertain symptoms, much care should be taken not to be misled; for every practitioner knows that there are some diseases in which there is no change of pulse, or alteration of the natural colour or temperature of skin, or any evident derangement of functions of the organ implicated, to indicate their existence. There are also other diseases, whose symptoms may be imitated by the effects produced by certain drugs, or by the use of certain external applications. It is, therefore, well remarked, that "an intimate knowledge of the anatomy, physiology, and pathology of the human body, and of the effects of the articles of the *Materia Medica*, is consequently essential to the medical practitioner, to enable him, in such cases, to obviate false conclusions and detect imposture."⁴

The fact of some diseases being much more frequently and successfully feigned than others, might lead to some curious statistical mistakes. Suppose, for instance, information were sought respecting the relative prevalence of different diseases in different climates, among persons in the navy. If the official records of the medical department were inspected for this purpose, it would be found that a large proportion of the invalids from the West

¹ Beek's Medical Jurisprudence. ² Mahon, *Médecine Légale*.

³ Dict. des Sciences Méd., art. Simulation des Maladies.

⁴ Cyclopædia of Practical Medicine, vol. ii., p. 134. Marshall on the Enlisting, &c., second edition, p. 90.

Indies were affected with hepatitis, and it is probable that the proportion might be greater than among the invalids from the East Indies. Now there cannot be a doubt that liver disease is, in truth, much more frequent in the latter climate than in the former, owing to particular circumstances. Those invalided for complaints of this kind are chiefly officers from the West Indies; and the much greater proportion of this class, than of common seamen, in the invalid list, might be considered as indicating some peculiar causes of hepatitis among the officers in that country.¹

When we are called upon to determine or treat a case of doubtful disease, we should carefully investigate the moral and physical habits, the probable motives, &c. of the suspected individual, and inquire as to the existence of the alleged causes of disease, and weigh their probable relation to the disease in question; we should also ascertain the presence or absence of those symptoms which are pathognomonic of the alleged disease. "It is obvious," says Dr. Cheyne, "that the more we know of disease by reading and observation, the more patience and temper we possess, the more successful shall we be in the detection of imposture." And I cannot but concur with him in believing that the wiles of soldiers in hospitals will be more certainly discovered by those who have an accurate knowledge of disease, obtained from clinical observation, and pathological writings of authority, than by those possessing natural sagacity in the highest degree, if unassisted by a habit of carefully contemplating and studying disease.²

A similar remark is made by Marshall:³ and the Chief of the Army Medical Department of the Prussian army, in his abstract of the regulations for the medical examination of recruits, issued, in 1816, notices that a knowledge and experience greater than is generally believed, along with an acquaintance with anatomy, physiology, and pathology, is especially required to decide upon

¹ *Cyclo. Pract. Med.*, vol. ii., p. 143, 4.

² *Dub. Hosp. Rep.*, vol. iv., p. 178.

³ *Hints to Young Medical Officers*, p. 94.

the health and general efficiency of recruits, "and to distinguish between defects that may be real from those that are only feigned."

Fallot states, "En effet, tout comme un état pathologique (maladie ou infirmité) ne peut être bien compris que par ceux auxquels le tableau de l'état physiologique est familier, de même la simulation d'une maladie ou infirmité suppose, pour être bien appréciée, une connoissance exacte des traits sous lesquels se présenteraient ces affections si elles étaient réelles."¹

To force a soldier, who is unfit for the hardships of a military life, to continue in the service, is undoubtedly an act of great oppression, as well as, frequently, a source of disappointment to the commanding officer of the corps to which he may belong; while, on the other hand, every instance in which fictitious or fabricated disease escapes detection and punishment, becomes not merely a reward granted to fraud, but a premium held out to future imposition.

The difference with regard to the number of malingerers in different regiments is very great indeed. The extent of malingering also varies in different periods of our military history. In the present period of highly improved discipline of the British army, probably there are not two malingerers for ten who were to be found in the military hospitals thirty years ago.²

Cheyne and Marshall likewise state that malingering is now much more rare than it used to be. In the *Cyclopædia of Practical Medicine* the diminished number of deceptions, both in the army and navy, is in some measure attributed to their ameliorated condition, arising from the representation of enlightened and humane medical superintendants. It is here, however, to be observed, that men are only admitted to the former service after a strict examination as to their mental and bodily capabilities; and in consequence of the duration of service being limited, and rate of pension diminished, and conditions

¹ Memorial de l'Expert, etc. preface, p. vii. ² Hennen, Military Surgery, p. 453.

for granting it more strict and less numerous, the inducements to fraud are less.

As the discipline of a corps approaches to perfection, so do instances of simulated disease become less and less frequent. In some of the cavalry regiments, in the highland and other distinguished infantry battalions, there is scarcely an instance of any of those disgraceful attempts to deceive the surgeon; while in the regiments which have been hastily recruited or raised, under circumstances unfavourable to progressive and complete discipline, the system of imposition is perfectly understood. The Irish are the most numerous and expert at counterfeiting disease.¹ The Lowland Scotchman comes next to the Irishman, and what he wants in address, he makes up in obstinacy. Malingerer seems to be least of all the vice of the English soldier.² Marines, during the first twelve months of their service, much more than sailors, are found frequently skulking, owing to the severity of their exercise.

There is a kind of freemasonry among soldiers, which is perhaps conducive to the harmony of the barrack room, but which, by preventing the exemplary from exposing the worthless, and by holding up the informer as an object of universal abhorrence, renders it extremely difficult to obtain an accurate knowledge of the various means of simulating disease. Hamilton remarks, that "so great will be the conspiracy among the patients that they will not readily discover one another; like other conspirators, however, they sometimes quarrel among themselves, when revenge dictates discoveries, and truth comes to light."³

Dr. Cheyne has no doubt that methods have been systematized for simulating disease, and that these are preserved in many regiments, and handed over for the benefit of those who may be inclined to make a trial of them. This opinion is corroborated

¹ Marshall, Hints, etc. Dr. Davies, Surgeon to the Hon. E. I. Co. Depôt at Chatham, has found the poorer class of Irish labourers most disposed to feign infirmities.

² Cheyne, Dub. Hosp. Rep. vol. iv. p. 126. See also Marshall.

³ Duties of a Regimental Surgeon, vol. 1. p. 50.

by the experience of others, and is indeed confirmed by his own, as he relates several cases of systematic fraud. Marshall states, that there can be no doubt that individuals occasionally qualify themselves to carry on a scheme of imposition, by the perusal of medical books. Patients, he says, in general hospitals, commonly evince an excessive anxiety to procure case books, and avail themselves of every opportunity that offers of acquiring information by that means.¹

Recruits comparatively seldom enlist in consequence of a decided preference for a military life, but commonly in consequence of some domestic broil, or from a boyish fancy; sometimes from want of work, and its immediate consequences, great indigence; or from folly or intemperance. Perhaps nine-tenths of the recruits regret the measure they have taken, and are willing to practise any fraud, or adopt any means, which promise to restore them to liberty, and the society of their former acquaintances. “Combien de fois ne voit on pas un jeune homme, sans expérience, être séduit par les ruses du recruteur, ou entraîné par des chagrins momentaires, ou dans un instant d’ivresse, signer un engagement volontaire, dont il se repent vivement le lendemain; il s’attrista; la nostalgie s’empare de lui; il devient nul pour le service, et il finit ordinairement le reste de ces jours dans un hôpital.”²

Some excite ulcers, others affect stammering, deformity, pain, in various parts of the body, deafness, blindness, epilepsy, contractions of the fingers, &c. A very considerable number desert within three or four days after enlistment. Individuals are sometimes met with, who refuse to move an arm or leg, and assert that they have lost the power of motion in their limbs. To obviate this disposition to fraud, a medical officer is under the necessity of presuming that a recruit is free from a disabling infirmity, when no sensible appearance proves its existence, whatever assertions may be made to the contrary. Many recruits who became disgusted at the service during the period of hard

¹ On the Enlisting, etc. p. 112, ² Kirckhoff, Hygiène Militaire, p. 12.

drill, and evinced a disposition to simulate ailments, or to aggravate trifling defects, have by mild and humane treatment been converted into excellent soldiers.

In the simulation of disease, the impostor finds it difficult to give a consistent account of the origin and progress of his alleged disability. By a little address, the surgeon can lead him to enumerate incompatible symptoms, or greatly to exaggerate unimportant lesions. He is constantly prone to overact his part, and is too anxious to impress upon the medical attendant the reality and the severity of his sufferings. Remarks are thrown in purposely to obviate objections, and to reconcile the mind to what may seem extraordinary in the narrative; all of which are very unlike the bold simplicity of truth.

If carefully watched, it will frequently appear that he is inventing symptoms, which is a much more difficult task than a simple and frank statement of his feelings. An impostor, unprepared with a set of symptoms, has been detected by the abrupt question, "What is the matter with you?" The fellow having, been led by the leading questions of the medical officer, to enumerate symptoms of disease from head to foot.¹

The veracity of a soldier may be suspected, when he affects an acute disease, if it be discovered that he dislikes a particular duty to which he is liable, or that he is disgusted with the service; and also when the supervention of the disease is contrary to its usual mode of attack;—when he has an aversion to take his medicine, or evinces an excessive anxiety to adopt some means of recovery;—when incompatible symptoms occur, and the progress of the disease is not according to the usual course; and when the medicines are reported not to be followed by their usual effects. In general hospitals, where soldiers are separated from the medical officers of their corps, who are intimately acquainted with their character, impositions are most frequently attempted, and in them it is impossible to prevent much fraud

¹ Marshall on the Enlisting, etc., 2d ed., p. 91.

with regard to the simulation of disease; for though a medical officer may have strong presumptive evidence in many cases, that no material disease exists, yet it is seldom that he can demonstrate the imposition. The greatest discretion is at all times required where presumption or probability points one way, and testimony another; in such cases we are very liable either to deceive ourselves, or to be deceived. For the most part, nothing but the closest observation, isolation, or constant and long watching, favoured by concurring circumstances, are likely to be successful in detecting impostors. Marshall gives an instance how much an unprincipled impostor may achieve, in spite of medical skill and medical boards. J. M'Faul, an Irishman, enlisted for the H. E. I. Co.'s service August 26th, 1821, and was approved in Dublin; shortly after joining the depôt at Chatham he pretended *deafness*, and was convicted by a medical board of being an impostor. On arriving in India he again pretended *deafness*, was discharged, and sent home; was approved as a recruit for the 13th Light Dragoons, December 20th, 1824; was discharged April 27th, 1826, in consequence of chronic pains of his limbs and *deafness*; enlisted for the H. E. I. Co.'s service May 27, 1826, and sailed the same November.¹

An intimate knowledge of the duties, habits, good and bad qualities, of soldiers and sailors, will contribute considerably to prevent us being misled by their attempts to deceive. But this is a species of information which can only be acquired by living among them—more particularly by being on board ship with them. To this circumstance may be attributed in an essential manner, the reason why some regiments have always a number of malingerers, while others have none, or scarcely any. Soldiers and sailors soon form an opinion of the ability of their medical officers on this point, and seldom attempt to deceive, unless they think their artifice will succeed.²

¹ Hints, etc., p. 65.

² Ballingall's Military Surgery, p. 575; Marshall, Ed. Med. and Surg. Journ. v. 26.

“It is impossible to spécify particularly the diseases or disabilities on account of which soldiers may require to be discharged ; but great care ought to be taken by medical officers not to mistake sympathetic morbid phenomena for symptoms indicative of organic disease.”¹ (“Que d’effets sont pris pour des causes au milieu des affections dont regorgent nos hospitaux militaires.”²) “Medical staff-officers should be particularly careful not to encourage the practice of malingering, by recommending men to be discharged on slight grounds, or whose alleged disabilities are of a doubtful character, or where suspicion may be entertained with regard to the origin of a disability, as in cases of mutilation, and particularly in cases of impaired vision. In fine, they are to be very cautious in recommending a man to be discharged, who is fit for the performance of any duty.”³

It has been deemed advisable to introduce these recommendations or orders, that no doubt may remain on the mind of the medical attendant as to the extent to which his accuracy of observation should be carried. There seems little doubt that these circulars were issued, as much from the extent to which the simulation of disease was carried, as from its being observed in doubtful cases, that the naval and military officers, as well as the surgeon, had their patience exhausted by the perseverance of a decided skulker or malingerer,—when it was not unusually remarked, “He is a useless fellow,” and “he had better be allowed to go, when a better man may be obtained in his place.”⁴ Nothing can be more fallacious than this doctrine ; for no sooner does one of these impostors succeed, than two or three are sure to follow his example, in the hope of obtaining their discharge by pursuing the same plan. It is for this reason that Marshall

¹ Circular, Army Medical Department, June 22, 1830.

² Coche, de l’ Operation Médicale du Recrutement, p. 76.

³ Instructions to Staff and Regimental Medical Officers, July 30, 1830.

⁴ Dr. Quarrier’s letter to Mr. Hutchison Vide Hutchison’s Practical Observations on Surgery.

considers the detection, and return to duty of an impostor, a circumstance of some importance to the service; seeing that owing to the extensive intercourse existing amongst soldiers, the event becomes widely known, and affords a useful warning, which suffices to deter those inclined to simulate disabilities."¹

Every medical officer who may be employed on the duty of examining inefficient men, must be guided in his conclusions by his own discretion, professional skill, and practical acquaintance with the duties and habits of soldiers. He ought to pay due regard to their claims, while he devotes the requisite degree of attention to the public interest.² He ought rarely to deem it expedient to recommend a man to be discharged, unless he is satisfied that some essential viscus of the body has become disorganized, whereby its functions are so much impaired as to render him unfit for duty.

"There are few important diseases that are not accompanied by an alteration of the structure of some organ, essential to the due exercise of the functions of life; and until a medical officer is satisfied that a viscus has become disorganised, he should rarely consider himself warranted in bringing forward a man for discharge."³ "Great care should be taken to distinguish between temporary and permanent disabilities for service."⁴ Marshall states, that when the unfitness of a soldier is not *clearly* established, he should not be recommended to be discharged.

When a suspected case occurs, a medical officer has two important questions to ask himself:—*First*, What are the means most likely to be successful in discovering whether the alleged disability be real or feigned: *Second*, When a soldier has been detected in malingering, or, in other words, when it is, after due

¹ On the Enlisting, etc., second edition, p. 93.

² Marshall, ut cit.

³ Circular, Army Medical Department, June 22, 1830.

⁴ Abstract of Regulations for the Medical Examination of Recruits for the Prussian Armies, issued by the Chief of the Army Medical Department in 1816.

consideration, presumed that an alleged disability is feigned, what are the most probable means of inducing him to return to his duty. In such a case, the medical officer ought to conceal his suspicions until they are confirmed or removed.¹ He will then have all the advantages of seeing the suspected party under a variety of circumstances favourable to cool investigation. Moreover, his arrangements should be such as to enable him to detect fraud; his hospital serjeant and orderlies, men on whom he can depend. Marshall, however, states that he has been frankly told by orderlies in general hospitals, that their lives would be miserable if it were but suspected that they communicated privately with medical officers respecting the conduct of patients, and on that account civilly declined promising to afford their aid.² Hence we can seldom arrive at an accurate knowledge of the various means of simulating disease.

By a prudent course, and sometimes by appearing to under-rate the importance of the complaint, the malingerer may be led to change his mode of procedure, and the deceit thus become apparent—as in the case of a man who first simulated rheumatism, and then added hæmoptysis.³ Some regimental surgeons appear to give credit to the relations of the malingerer, and by asking questions unconnected with the symptoms, elicit answers so contradictory as to expose the deceit. Marshall recommends, that disabled men should be examined without their clothes: he states, that he knows from experience that it is as necessary in the examination of inefficient men, as in the inspection of recruits. They cannot thereby conceal whatever evidence of health may be inferred from a plump frame and muscular limbs.⁴ To this recommendation I would add, that the inspections should be conducted in private; for it has been remarked, by those most experienced in these subjects, that the number of spectators always increases the obstinacy of the impostor.⁵

¹ Ballingall's *Military Surgery*, p. 575.

² *Hints*, p. 98.

³ Cheyne, *Dublin Hospital Reports*, vol. iv. p. 133.

⁴ On the Enlisting, etc.

⁵ Paris and Fonblanque, *Medical Jurisprudence*, vol. i. p. 356; also Hennen's *Military Surgery*, p. 453.

It is frequently useful to depart from the ordinary mode of examination in doubtful cases ; preconcerted plans being thereby entirely disconcerted, and the impostor puzzled. For example ; a man, who had for a long time alleged contraction of the left knee joint, was detected by manipulating with the right knee, after he had turned upon his face. Change of position caused the impostor to assume flexion of the sound, and extension of the alleged diseased limb.¹

Violent measures of any kind, and violent language, are rarely, *if ever*, advisable or effectual, even in the army or navy, where patients are under the control of strict discipline: they more frequently do harm, as the impostor knows well that this mode of inducing him to abandon a scheme of fraud cannot last long.² Percy and Laurent likewise state, that violent means of detecting imposture ought to be rejected as impolitic, illegal, cruel, and dangerous, as at the best they may be inefficacious and deceitful, and may only furnish contradictory results.³

That severe pain of the body will not influence some simulators to return to their duty, may be still farther evidenced by the circumstance that the sufferings imposed by malingerers upon themselves are infinitely greater than any punishment a commanding officer would dare to inflict ; thus a man, for a period of eighteen months, walked with his body bent forward, so that his arms reached within two inches of the ground. Copland well remarks, that even in real cases of feigning, painful or even severe measures should not be inflicted, as in most instances, and especially in the public service, the mind of the impostor is made up to endure even torture, rather than *give in*.⁴ Mild, but firm, and in other respects judicious measures, if persevered in, throw the impostor into despair ; and to deprive him of hope is the best means of prevailing on him to

¹ Cyclopædia of Practical Medicine, vol. ii. p. 135.

² Marshall on the Enlisting, etc. second edition, p. 97 ; Sir James Clark, *vivâ voce* ; Sir George Ballingall's Lectures, 1835.

³ Dict. des Sciences Méd., art. Simulation des Maladies, t. li.

⁴ Dictionary of Practical Medicine, vol. i. p. 884.

resume his duty.¹ Soldiers and sailors commonly return to their duty when they are deprived of all hope of succeeding in a scheme of imposture.² Thus Dr. Hennen has never known any attempts at the simulation of disease in the prisons of Malta; the feigning of sickness being of no avail, as the prisoner must complete the period of confinement awarded to him.³ In the *Cyclopædia of Pract. Med.* there is related a striking example of the influence of the deprivation of hope. A man, apparently in a dying state, on hearing read to him a letter which he had written, explaining his scheme of imposture, and hopes of success, at once returned to his duty. The letter which thus betrayed its writer, had been retaken from the robbers of the mail.

Finesse will often succeed in detecting imposition, when harsh measures would completely fail.⁴ Thus a man who pretended to have lost the power of locomotion, on being softly called by name, after a gentle tapping upon the window glass, was detected by immediately appearing at the window.⁵

Nevertheless Percy and Laurent state, that it is permitted, nay even necessary, to put to trial men whom you cannot otherwise circumvent; but these trials ought to present no danger, nor expose the subject to any troublesome consequences. It is necessary, before having recourse to them, to have tried every means of persuasion, and to have put every thing in requisition to overcome the individual, or the confidants of the simulation.⁶ Dr. Paris recommends, that where we entertain but little doubt of imposture, we should proceed to a system of intimidation, and severe discipline; but Dr. Cheyne, with justice, does not approve of intimidation, or of declaring in the hearing of the soldier (as has been done by some regimental surgeons) that he is suspected of malingering; as though, in rare cases, it may

¹ Marshall on the Enlisting, second edition, p. 91.

² Cyclopædia of Practical Medicine, art. Feigned Diseases, p. 134.

³ Medical Topography of the Mediterranean, p. 582. ⁴ Cyc. Pract. Med. loc. cit.

⁵ Lib. et loc. cit. ⁶ Dict. des Sciences Méd., art. Simulation des Maladies, t. li.

intimidate the raw soldier, it will only strengthen the hardened knave; and if the opinion be erroneous, the consequences may be very unhappy.¹ Sir James Clark has expressed himself to me to the same effect, and Fallot is of the same opinion.²

About fourteen years ago a medical staff officer was arraigned before a court martial, chiefly for having expressed himself to the effect that he had formed his opinion of the —— regiment; they were all schemers and malingerers.³

In no instance should means be employed to detect a suspected person, which a medical officer would regret having used were the alleged disability to prove real. This observation applies not only to coercive or penal measures, but even to irritating applications, nauseating medicines, and spare diet.

It is always a prudent measure “to afford a malingerer an opportunity of *giving in*, without making it appear that he is convicted, or taking him much to task for his conduct; or, in the language of the hospital, *to let him softly down*.”

A friend of Mr. Marshall's has been very successful in inducing malingerers to return to their duty, by addressing them thus, after having had them for some time under his care:—“I have carefully investigated everything relating to the pains you complain of. You do not suffer so much uneasiness as you state. I perfectly comprehend your drift; you wish to be discharged from the service. The plan will not succeed; take my advice, and get well as fast as you can. While you continue to complain of uneasiness and disability, it will be necessary to keep you on low diet; but as soon as I am informed that your health is improving, you shall have full diet, and it will be continued for a week or ten days, when you will be able to do your duty. I do not think your case requires the further use of medicine.”

Shame may be excited by the seeming neglect of the medical officer, as also by the scorn and jests of the other patients.

¹ Dublin Hospital Reports, vol. iv. p. 134. ² Memorial de l' Expert, etc. p. 187.

³ Marshall, Hints, p. 101.

This aid should not be neglected, provided its agency can be duly regulated.

Fear may be judiciously excited by hinting the probability of some powerful or disagreeable agency being employed after a certain time, if no improvement take place; as the actual cautery—or the removal to a hot climate, as the coast of Africa. This last suggestion ought to be formally proposed, and would probably succeed best by being made by a medical staff-officer.

In cases of feigned disabilities of a chronic character, as palsy, contractions, &c., medical measures should rarely or never be employed. By treating a simulator of this class of disabilities actively, we are apt to impress him with the opinion that he has succeeded in masking his plans; in fact, that we believe his infirmities to be real, not feigned. Influenced by this opinion, he presumes that nothing but patience and fortitude are required to bring his imposture to a favourable issue. In proportion as he thinks he has borne much, he presumes he has the less to endure: much harm may therefore be done by annoying malingerers with remedial measures. As long as soldiers have the idea that they can impose upon officers, and that the result will be for their advantage, so long will examples of imposition occur in the army. There is no better security against fraud than the removal of every encouragement to commit it, and if possible to obviate all probability of its success.

Some cases of imposition are easily discovered, but there are others which require calm and continued inquiry, during which we must learn the particulars relative to the character and objects of the supposed malingerer;—whether he has been much in hospital, is lazy or averse to his duty; whether the half-yearly inspection is at hand, or he has exceeded his period of furlough; whether he has been a clerk, or been brought up in trade or manufacture, and what are his views of support in civil life. Character alone is no criterion that a man is not practising this species of deceit; since it is certain that some malingerers have been persons of very good character. But in

general, malingerers are men of bad character ; "and the fact being established that they are so, will often remove all the difficulties of the case."¹ But we should be careful not to let the character of a man, whether good or bad, have too much influence on our conclusions in doubtful cases.² Many well-conducted serjeants are extremely anxious to be discharged when they have completed twenty-one years' service, more especially when they have a prospect of some suitable employment in civil life ; not long ago, one had his arm shot through to obtain this end.³

That variety of fraud, where a slight degree of disease or disability exists, but which is exaggerated by pretension or simulation, is infinitely more difficult of detection than where the defect is wholly pretended or simulated ; and cases of this kind occur much oftener than those that are uncomplicated. To estimate how much of the disease is real, and how much is feigned, is frequently no easy task. "When diseases are exaggerated, they are more difficult of detection, in some respects ; and it requires the skill of the physician, and that too of one experienced in the history of disease, to guide aright."⁴

In such cases, truth and fraud are often intimately combined, forming a compound so fallacious as to render it almost impossible to disentangle the one from the other. Many of the invalids transferred from regiments to the general military hospitals at Chatham and Dublin, are of this class. Hence it seems to be the general opinion of medical officers in the British army, and Coche is of a similar opinion, that regimental hospitals, when well regulated, are more favourable than general ones to the detection of imposture. Malingerers are more frequently instructed in the art of imposture in general hospitals than detected and rendered useful soldiers ; for there, every new comer, if his natural disposition harmonises with that kind of instruction, is corrupted by the information he receives in regard to

¹ Cheyne, Dublin Hospital Reports, vol. iv. ² Marshall on the Enlisting, etc.

³ Marshall on the Enlisting, etc. second edition, p. 95.

⁴ Beck's Medical Jurisprudence,

the various modes of imposition.¹ For these reasons—and because we deprive ourselves of the knowledge, which in most corps the officers, non-commissioned officers, and surgeon, possess of the character, habits, and prospects of all the privates of the regiment, and which often lead to a discovery of the motives of the malingerer, and thus divert him from his object, or disconcert his scheme—it seems inexpedient to encourage the transfer of malingerers to a general hospital, unless when the regiments are going abroad to a foreign station, or upon service.²

In general hospitals the greatest discrimination is often necessary, when (to use the language of the hospital) “a soldier is making the most of his complaints.” When he exaggerates actual illness (possibly thinking himself unfit for military duty), that he may procure his discharge, and having just accomplished a certain term of service, obtain a pension also, he makes a display of his sufferings, and heightens the expression of disease in such a way as to show that he has been a close student of symptomatology. It is impossible to establish rules for such cases. Accurate knowledge of disease will lead to a proper decision, provided we look simply to the good of the service; and I cannot but agree with Dr. Gordon Smith in believing, that after all that may be written on the subject, particular cases will require some particular exertion of ingenuity, for which no previous instruction could provide³—a remark in which Paris and Fonblanque concur.⁴ Nevertheless, I shall presume succinctly to lay down the following precepts, which embody, with several additions, those already mentioned in the foregoing pages: as likewise the five general rules given by Zacchias, with so much discrimination that most succeeding authors have sanctioned or adopted them.

¹ Marshall on the Enlisting, etc., second edition, p. 92. ² Ibid, first edit. p. 102.

³ Principles of Forensic Medicine, p. 469.

⁴ Each case would require an exertion of ingenuity for its detection for which no previous instruction could provide.—Medical Jurisprudence, vol. i. p. 356.

GENERAL RULES

FOR THE DISCOVERY OF THE SIMULATION OF DISEASE.

First. When it is proposed to determine the existence of a disease, concerning the reality of which there are doubts, we ought, in the first place, to consider whether the affection is of such a nature as to be capable of imitation. Then we ought to apply ourselves to ascertain the degree of difficulty of this imitation or provocation. Thus, for instance, a febrile disease will present fewer resources for feigning, than deafness, aphonia, or rheumatic pains. We may state, in general, that diseases of the internal functions, (with the exception, however, of disorders of the circulation, and those which are attended with fever,) are more easy to counterfeit than those of the external functions; because the greater part of the external affections *strike more positively the senses of the observer*, and are consequently more easy to appreciate and to discover than internal affections. This rule, in fact, is one which it is more particularly the object of this essay to elucidate, and the one on which the classification adopted is based.

Second. We ought to take into account, whether the age, external habits, temperament, and way of life of the suspected person, accord with the disease which he pretends to have.¹ Thus, if a person who yesterday appeared of a good habit of body, and healthy-coloured, led a temperate and duly regulated life, to day, or in an unreasonably short space of time, appear either cachectic, hydropic, or jaundiced, or have a tumour suddenly developed; while it is easy to simulate such a disease by fraud, we know it is also difficult, almost impossible, that with

¹ This is the second rule of Zacchias, and is quoted by Orfila and Fallot.

such a mode of life, endowed with that habit of body, without any preceding disease, and without exciting or evident cause, he should have fallen so suddenly into any of the fore-mentioned diseases. The same reasoning would apply to any one who, when at rest and without any occasion to labour, or perspire, or expose himself to the cold air, should say that he was attacked with pleuritic pains. For, while it is easy to simulate pleuritis, it but seldom occurs without these precedent circumstances. Likewise, if any one suddenly appear insane, without any evident antecedent cause, or unchanged for some days past in his usual colour, aspect of the eyes, speech, and affections of the mind, he is to be suspected of feigning. For diseases of this kind, having their origin in melancholia, are not usually developed so suddenly.¹

Third. The moral situation of the suspected patient may often furnish much light:—This is the first rule of Zacchias. By this means Galen detected the imposition of his servant, who, being attached to a female domestic, feigned disease to remain at home.² Firstly—it will indicate to us the existence of motives sufficient to induce him to feign a disease with which he is not afflicted.³ Secondly—we may also learn from it the degree of aptitude of the individual to play or sustain the character he has chosen; and upon these ascertained observations, the plan and direction of the researches proper for discovering the truth, may be founded.

We may readily conceive, for instance, that it is necessary to interrogate with much more finesse the man of address, well versed in deceit, and experienced in the ways of the world, than the simple villager, whose ideas and means of acquiring such

¹ Zacchias, Quæstiones Medico Legales, lib. iii. tit. ii. quæst. 2.

² Mahon, Médecine Légale, tome i. p. 333, etc.

³ Consideranda ergo, ut dixi, personæ, quæ morbum simulare præsumitur, status, et conditio, et alia ab extra advenientia, et maximè præ oculis habere oportet causam, quam possibile est haberi simulandi, ut si tormentis subjicienda, si in judicium trahenda, si in carceribus detinenda, nam facta circa hæc diligenti animadversione, facile conjecturæ non-nullæ sese offerent, ex quibus in veritatis cognitionem levi negotio pervenimus—Zacchias, Quæstiones Medico Legales, lib. iii. tit. ii. quæst. 2.

knowledge are much more contracted. This rule, however, meets with frequent exceptions ; for individuals have been met with, whose youth, simplicity of manners, apparent candour, and even ignorance, would have excluded every suspicion of deceit, who yet have succeeded in an eminent degree in imposing on their inspectors. It is to be remembered, that impostors often display a spirit of invention, and an art in concealing fraud, which could not have been anticipated. The mind, by becoming concentrated on one object, seems to acquire new powers, so that persons with naturally weak intellects have evinced a tact and dexterity in the prosecution of a design, far beyond what their general conduct would have warranted us in assuming.¹

Fourth. The questions ought to be put in a manner so as not to indicate too decidedly to the patient what is desired to be known, and consequently in such a manner as not to dictate to him the answers he would have to make. Paris mentions this rule.² In conducting these inquiries, we ought to be careful not to put *leading questions*, and not to receive the replies implicitly, but to try their truth by ascertaining their congruity or incongruity with the character and history.³ Thus, for example, it is not advisable to ask an individual, whose natural thinness would favour the simulation of pulmonary phthisis,—Do you perspire much?—Do you feel weak after you have perspired? On the contrary, it is necessary to say,—What is the state of your perspiration? How do you feel after perspiring?—Do you feel stronger? &c. These questions, however, ought to be followed up, or intermixed with other interrogations which have no connection with the disease of which we are speaking. It was thus that Sauvages discovered a false epileptic, by asking the patient if she did not perceive a species of wind, rising along the arm, and which then

¹ Marshall on the Enlisting, etc. second edition, p. 93.

² Elements of Medical Jurisprudence, p. 121.

³ Dr Marshall Hall, Principles of Diagnosis, p. 18, second edition 1834.

descended along the back and thigh. She answered in the affirmative, and a castigation completed the cure.¹ Moreover, we may surprise the attention of the patient, and put to fault his presence of mind, or excite him to acts inconsistent with the reality of the disease.

Fifth. It is indispensable to have a particular regard to the causes capable of producing the disease of which the existence is involved in doubt. The history of the internal causes, and particularly the relation of the external or exciting causes, will facilitate much the research. The less, in fact, the patient is able to define the origin of his disease, the less will he be able to establish a plausible connection between it and the causes which have produced it, and the more it is necessary to mistrust the reality of the alleged disease.

Sixth. Symptomatology furnishes the most proper means for recognising the truth. Often does the patient pretend symptoms foreign to the affection he wishes to imitate. At other times, when the disease he assumes is of such a nature as not easily to admit of a change of symptoms, he varies them, whether it be by excess or defect, and thus betrays his deception. This is the fourth rule of Zacchias, and in it may be also included the fifth rule, which is, that attention should be paid to the course of the complaint, and to the symptoms that successively occur. We may also suggest some symptoms, or, by leading his attention away from his disease, induce him to certain movements or acts, which are incompatible with the affection which he pretends to have.

Flagrantior equo

Non debet dolor esse viri, nec vulnere major.

Juvenal, Sat. 13.

Non è minor il duol, perch' altri il prema,

Ne maggior per andarse lamentando,

Per fittion non cresce il duol, ne scema.

Franc. Petrarcha, in *Mortis Triumpho*, cap. ii. /

Seventh. The effects which medicines produce upon the

¹ Sauvages, *Nosol. Method.* vol. iv. p. 120, of edition 1772.

patient, as also the desires and repugnances proper to certain morbid states, may throw considerable light on our researches. Thus, for example, in bilious affections, there is generally a repugnance to animal nourishment, and a desire for acids.¹ A suspicion of simulation ought to be excited, when a man shows great aversion to the medicines which are ordered for him, or to the external applications, particularly those of a severe character, which are employed for his cure ; since those who are really suffering under disease will in most cases show the greatest alacrity for the adoption of remedies, and will often earnestly entreat the medical officer to spare no measures, however severe, which are likely to be productive of relief.²

Eighth. There are circumstances in which it is necessary to visit the patient at intervals, and unexpectedly, and to have him watched by persons whom he does not suspect;³ in some cases it is necessary to isolate him. Particular observation should then be directed to his gestures, his actions, his manner of conducting himself, and even his pulse. This precaution is principally useful in those kinds of feigned diseases which only manifest themselves by an accession ; and also where there is a necessity for determining an affection with melancholia. Our attention ought especially to be redoubled at the time when the accession takes place. Thus, for example, in a periodic epilepsy, it is at the approach of the period which has been indicated to be that of the commencement of the paroxysm, that the patient ought to be continually an object of active surveillance.

Ninth. Humanity compels us to proscribe the use of menaces, and too rigorous treatment. These, however, become excusable when the certainty of deceit has been acquired,⁴ or

¹ Third rule of Zacchias.

² Præterea si vehementer doluerit, omne auxilium sufferre parati sunt, et ipsi priores ultro medicos rogant, ut quicquid voluerint faciant, quo malum curetur—Galen. Ultro ipsos medicos deprecantur, ut nihil machinam omittunt, ipsique ferum et ignem efflagitant et admittant.—Zacchias.

³ Cheyne, lib. cit.

⁴ Paris and Fonblanque, Medical Jurisprudence, vol. i. p. 356.

else when the disease, if it were real, would be of a nature to imply lost, suspended, or impaired sensation. Thus, in a paralysis which is suspected of being feigned, if the patient declares that he has lost all sensation in the paralytic member, one may, in order to be assured of it, try some painful measures. The same applies to a case of feigned epilepsy.

Tenth. There is a great number of cases in which the physician cannot discover the fraud, or rather prove the imposition of the patient, but by judicious, and in some respects unlooked for, resources. These resources must then be the fruit of his ingenuity—they cannot be indicated in general precepts.¹ It may be merely stated, that they will be drawn from empirical psychology, and more frequently still, from the knowledge of physiology. The first especially may lead to advantageous expedients, in those kinds of simulated affections in which the intellectual operations ought to hold a principal place. There may be cited as an example, the case of Victor Foy or Trouvenait, as detected by the Abbé Sicard, [mentioned under the head of DEAF-DUMBNESS, *postea*.] The aid of physiology is, as has been remarked, still more important in difficult cases, where the address of the impostor cannot be overcome but by opposing to it a superior address. Thus the patient at the Hotel Dieu, of whom M.M. de Robécourt and Lethier speak in their inaugural theses,² feigned persistent vomiting, and returned by his ejecta even the clysters which were administered to him. On the one hand, it did not require any great physiological knowledge to conceive that such a disease could not agree with the air of health and *embonpoint* of this patient; and on the other, not to admit the possibility of the enemata being returned by vomiting. They were therefore certain as to the deceit;—but it was necessary to overcome the simulator. This they accomplished by injecting an enema, the colour of

¹ Marc. Dic. de Médecine, art. Deception. Marshall on the Enlisting, &c. Cheyne, Dublin Hospital Reports, vol. iv. Paris and Fonblanque, Medical Jurisprudence, vol. i. Gordon Smith's Principles of Forensic Medicine.

² Paris, 1805.

which was unknown to the patient, and which consequently he could not prepare : no vomiting on this account took place.

Hutchinson originally recommended a plan which was adopted, and has since come into very general use in the navy, namely, to cause the suspected skulkers to range themselves along the passage leading from the captain's cabin, there to be admonished by him. He has found no plan to operate more effectually, or so well, as the captain's addressing them in a language calculated to operate on their minds as British sailors.

Dr. Cheyne is strongly of opinion, that in no instance ought the medical officer, on his own authority, to use punishment, in order to force the malingerer to return to his duty. While a doubt remains upon his mind, he ought to prescribe the most effectual remedies for the disease, assuming it not to be feigned, fictitious, or exaggerated ; and no painful remedy should be made use of, unless actually approved of in the genuine disease. When the surgeon is convinced that the complaint is unreal, the case ought to be reported to the commanding officer, with the grounds of his opinion. But he may also propose any measures which his knowledge and experience entitle him to recommend as likely to lead to detection, and put a stop to the practices of the culprit. If the commanding officer authorises him to use personal restraint and punishment, these may then be had recourse to ; but if he employ such measures on his own responsibility, he may have the commanding officer in opposition to him, and perhaps lose his influence, character, or commission. As corroborative of this opinion I need merely refer to the consequences entailed upon the surgeon of the *Utile* frigate by such conduct, as related under the article **DEAF-DUMBNESS**. When the surgeon of a regiment understands that he is not to inflict punishment unless authorised, his observations will be made with more calmness, which is highly desirable, as even after the most dispassionate consideration, our conclusions will sometimes be erroneous ; and it must be confessed, that there is a degree of *éclat* attending the detection of a fraud, which is

very likely to lead the practitioner astray, by inducing him to attach undue importance to the supposed proofs of guilt. Such cases have unfortunately occurred, and the innocence of the party has been compromised by the vanity of the inquisitor. "It is well known to those who have had an opportunity of judging, that men in the army and navy, more particularly the latter, have been often treated and punished as impostors, who were really labouring under disease, and also, that real impostors have often received the immunities and privileges that ought to belong to the diseased:"¹—e. g. "Two men came into the hospital; after some slight examination, one was pronounced by the surgeon an impostor, the other was admitted. It is probable he had received a hint that one of them was a *sconcer*; but the consequence was not so trivial; he mistook the person, and received him whom he might have dismissed without danger. The man rejected in this case, as it turned out, was then in a fever, of which he died. I would be far from saying this was the cause of his death; he might have sunk under the disease, even though admitted when he first desired; but the surgeon was censurable, in as far as it appeared how little pains he took to investigate his complaints."² Malcomson states, that melancholy instances have come to his knowledge where men have died in making exertion above their strength, after having been looked on and treated as malingerers; and others, where slow decay and uncontrollable disease have carried them off.³

In guarding against fraud on the one hand, we must equally guard against severity on the other. Nothing can compensate for the reflection that we have unjustly condemned or caused to be punished a man who, it is subsequently proved, laboured under disease. I could illustrate the statements which have just been made by reference to many cases, but for the honour

¹ Cyclopædia of Practical Medicine, vol. ii. p. 135.

² Hamilton's Duties of a Regimental Surgeon, vol. i. p. 51

³ On some Forms of Rheumatism prevailing in India. Madras, 1805.

of medicine it were more advisable they should be forgotten, except for the lessons of caution which they contain, and which should be ever remembered. I shall merely refer to the cases mentioned by Cheyne,¹ and to that related in the *Cyclopædia of Practical Medicine*, as illustrations.²

Doubtless there are many affections of the brain, of the abdomen, as well as disease of the hip joint, which at first have been supposed to be feigned, but which eventually proved to be genuine, producing death or incurable disease. Hence, on reflecting on these circumstances, and the many obstacles to a complete detection, Beck, in his last edition of his work on Medical Jurisprudence, states himself to be very ready to withdraw the rash assertion which he previously made, that it is disgraceful for a surgeon to be deceived by an individual who feigns his maladies. He says he is convinced that the remark was altogether too strong and too broad.³ Such facts as these now referred to, show us the propriety of proceeding regularly and deliberately in every case, however much appearances may be against any individual who has reported himself sick. Indeed our duty, in every doubtful case of disability, is to free ourselves, to the utmost of our power, from every bias, whether it be in favour of or against the statements of an individual. Percy and Laurent state, that we should always incline to consider the case as one of simulation rather than of reality; and Fallot places this statement at the head of his General Rules: but we should simply endeavour to discover the truth, without being afraid to find a man guilty, and without entertaining a wish that the person under examination should be detected as an impostor.⁴ Every individual deprived of health merits that his lot should be sympathised with—that consolation should be afforded him—in a word, that his misfortunes should be softened

¹ Dublin Hospital Reports, vol. iv. pp. 137, 8.

² Art. Feigned Diseases, vol. ii. p. 250. See also Medical and Physical Journal for January, 1808, vol. xix. part 1, and Medico-Chirurgical Review, vol. iv. p. 596.

³ Pp. 33, 4.

⁴ Marshall on the Enlisting, etc. p. 99.

and alleviated as much as possible; and, above all, that he should be permitted to reap all the advantages of society, without being obliged to submit to charges incompatible with his situation.

Why constrain a man to the service of the army, without being assured that his physical constitution will support him under the fatigues and privations which the service exacts? Nevertheless, what troublesome consequences may arise, if feigned diseases and infirmities become the agents of insubordination and immorality.¹ It must be remembered, that the evils which result from discharging one malingerer from the service sometimes extend very widely. Success excites enterprise, and where many attempt fraud, some will gain their end.² Hence arises the propriety of being extremely careful not to discharge an impostor; for his good fortune will assuredly serve as an encouragement to others. We have but to look to the wonderful, almost incredible obstinacy which some malingerers evince, night and day, with the endurance of a fakir—remaining in the most irksome positions for weeks or months, or even years—walking with their bodies bent double—dragging their useless limbs after them—eating their own excrements—irritating sores of the leg till amputation of the limb is required—and destroying their members. Many are the instances of factitious diseases excited in military and naval hospitals which have ended fatally. Scott, Forbes, and Marshall state that “there is a consideration worthy of being entertained by all who do not wish the common feelings of a man to be lost in those of a mere disciplinarian.” They do not plead for the notorious malingerer; but when instances of deception become *frequent*, in any country, in any garrison or station, in any regiment, or in any ship of war, they presume that the question may be very reasonably asked—is there not something wrong in the arrangement of the place, in the government or administration of the particular

¹ Marc. Dict. de Médecine, Art. Deception;

² Marshall on the Enlisting, etc.

portion of the community in which such frequent deceptions abound? something which, acting injuriously on the bodies or minds of the men, is therefore not beneath the consideration of the medical officers of the establishment, who alone can appreciate the mischief, and by whose mediation alone it is likely to be remedied? The privilege conferred by their profession, of being the *friend of mankind*, is one which ought not to be willingly resigned.¹ A striking exemplification of the truth of the foregoing remarks was shown in Trinidad, on the completion of the emancipation of the slaves. *The hospitals were emptied*; the sick were cured, the lame healed, the blind were restored to sight, and the insane to their senses. The boy of the Monday before, belonging to the second or lower gang, was suddenly endowed with the strength and muscle of a man, and wanted a full task; whilst the feeble man, whose strength before would not allow him to go through the work of the first gang, found it instantly renovated to the necessary pitch: the whole being the miraculous result of the sanatory effects of freedom.²

¹ Cyclopædia of Pract. Med., vol. ii., p. 158.

² Scotsman, October 20, 1838

INTRODUCTORY REMARKS

TO A CLASSIFICATION OF

FEIGNED AND FACTITIOUS DISEASES.

AFTER a careful examination of the writings of almost every author who has more or less treated of feigned and factitious diseases, the conclusion has been arrived at, that such a classification, as that which was desired by the Regius Professor, (viz., that by it we should be enabled to proportion the rate of pension to be given to soldiers who are to be discharged on account of disease,) cannot be obtained by following the arrangement of any nosologist, or the divisions of any of the authors who have treated more particularly of feigned diseases. Since, in following the first mode, the classes and orders are immediately broken up ; and in the second, the divisions are amalgamated or dispersed. Beaupré, for instance, who has made the nearest approach to such a classification, has divided feigned defects or disabilities into those which are dependent upon the will, those which are artificial or factitious without any alteration of tissue or important lesion of function, and those disabilities which are excited by external or internal agents. Metzger divides them into those which are external, and those which are internal. Coche into those which are feigned, and those which are factitious. Cheyne, Fallot, and Marshall, refer them to their seats. An artificial arrangement must therefore be adopted for the occasion, and it appears that that which will conduce most to the stability of such a classification will be, an accurate analysis

of the symptoms of each disease, as it generally occurs, and a division of those symptoms into *such as are referrible to the feelings of the patient*, and for which the physician must trust nearly *in toto* to his patient, and into such as are *cognisable by the senses or acquired knowledge* of the physician. *Observed* symptoms of disease are the more satisfactory; direct objects of sense can be pretty accurately ascertained—such as heat and redness of the surface, paralysis, coma, and convulsions; but many even of these can be simulated. Those *of inquiry*, learned only from the description of the patient, such as pain and various other altered sensations, partake of the vagueness of the answers of the patient. Our knowledge of such symptoms is at best much less exact, and we are often led into gross errors respecting them, through the ignorance, incapacity, or bad faith of patients. Dr. Taylor well observes, that we are constantly *misled* by patients; sometimes *intentionally*—as when moral causes are concerned—often through ignorance; and frequently they state as a matter of *fact*, what, on closer inquiry, turns out to be no more than a fiction of the imagination, suggested by some crude theory which is current among the people.”¹

Every symptom of disease can be referred to one of these two classes; and it is upon such a division of symptoms, or analysis of our diagnosis of each disease, that the classification adopted in the present essay has been based. If it holds true, it will be found, that those diseases for the diagnosis of which we are dependent on the first class of symptoms will be *most easily* feigned, and *least easily* detected. (“Autem non omnes morbi simulare indifferenter solent, immo neque omnes indifferenter simulari possunt, sed aliqui sunt, qui frequentius simulantur, ante omnia videndum in hac priore questione, quinam morbi ii sint, qui et facilius simulari possint, et ob eam facilitatem frequentius simulantur.”)² While those which are characterised by the second class, will be feigned with *more difficulty*

¹ Introductory Lecture, *Lancet*, Oct. 3, 1841.

² *Zacchias*, lib. iii. tit. ii. quest. 1.

and *less chance* of success.¹ This division refers not only to the simply feigned, but also to the exaggerated diseases, (the *simulatio latens* of Zacchias,) and with considerable accuracy to the classes of factitious and aggravated diseases. If imputed, and dissembled or concealed diseases came under our consideration in this essay, this classification would be equally capable of application to them. It may perhaps be useful, in the first place, for pointing out with what facility a disease can be feigned, by readily showing our dependence for proofs of its existence to be based wholly, or partially, on the veracity of the individual who asserts himself to be afflicted; in the next place, for showing the probable success, and, as nearly as may be, the comparative frequency with which the disease is simulated.

In nearly every work those diseases which, from this theory, it was supposed would be, were there described, from the author's experience, as really being the most frequently or more easily feigned. This goes far to establish the truth and certainty of the classification as affording a general means of diagnosis; and has only exceptions, in some cases, where the author distinctly states that he had not had much experience of the deceit; or, at least, that it had been feigned for dissimilar purposes; as Cheyne, for instance, when speaking of dysentery; or where a confidence has been assumed by the author with regard to his powers of diagnosis, which has not been possessed by other individuals, as Coche for example. The only contrarieties of opinion are, in fact, those which are laid down by persons who have had different opportunities of acquiring knowledge on similar points; as when the experience of one has been confined to a town, perhaps in a northern climate; while that of another has extended over the list of tropical diseases. These apparent contradictions, however, rather strengthen and confirm the classification adopted; as they illustrate the simulation of disease on

¹ The practitioner should examine more especially those symptoms which are counterfeited with the greatest difficulty, in respect not merely of their individual, but of their correlative characters.—Copland, Dict. Pract. Med., vol. i., p. 884.

a larger scale; shewing that the general principles which direct the ideas, and govern the designs of men, when engaged in deceit or fraud, are, if not the same, yet similar; though their objects may not be alike, nor their means identical. Thus, whether we regard the tropical simulator of hepatitis, or the northern feigned rheumatic, or whether, taking a more extended view of fictitious diseases, we look to those which men, under all circumstances, may assume, "we find one general principle to be impressed upon their minds," namely, "that the difficulty in the detection of untruth, fraud, and deceit, is exactly in the ratio of the ignorance and paucity of the resources of the observer." As pain, for instance, is one of those circumstances which no one but the individual who is presumed to labour under it can appreciate; so that should be, and in reality is, the disease, or symptom of disease, which, under all circumstances, is most frequently pretended. Doubtless each circumstance which situation, climate, age, custom, example, or instruction may conduce to their advantage, will be assumed by them in aid of their attempts; thus leading the impostor in one case to pretend deafness, and in another to simulate otitis, in a third to exaggerate the effects of rheumatism or hepatitis, in a fourth to excite ophthalmia, or practise mutilation, and in a fifth to aggravate existing ulcers.

CLASSIFICATION OF FEIGNED DISEASES ACCORDING TO:—

- FORTUNATUS FIDELIS .. 1. Feigned Diseases properly so called.
 2. Factitious or Artificial Diseases.
 3. Those Diseases the Symptoms of which are communicable by art.
- SYLVATICUSFrom the motives which give rise to their Simulation,
 Fear,
 Shame, &c.
 The hope of Gain.
- ZACCHIASFeigned Diseases, in no very regular order.
 Dissimulated Diseases.
- FODERE AND ORFILASimulated or Feigned.
 Pretended.
 Dissembled.
 Imputed.
- WILDBERGFeigned. Those of the body feigned simply.
 Simulated.
- MORICHEAU BEAUPRE:—

CONCEALED OR DISSEMBLED DEFECTS AND DISABILITIES.

FIRST CLASS.—Defects which are comparatively obvious.

SECOND CLASS.—Disabilities which require some experience of an individual before they can be correctly ascertained.

FEIGNED DEFECTS OR DISABILITIES.

A.—*Disabilities depending on the will.*

Epilepsy.	Wryneck.
Idiotism.	Gibbosity.
Want of Memory.	Round Shoulderedness.
Melancholy Madness.	Curvature of Spine.
Mania.	Voluntary Vomiting.
Deafness.	Rumination.
Paralysis of Sup. Palpebra.	Retention and incontinence of Urine.
Winking.	Partial or general Trembling.
Squinting.	Paralysis.
Convulsive motion of the Eyelids, and Eyes.	Contraction or constant flexion of the Fingers or Limbs.
Dumbness.	Lameness.
Aphonia.	Rheumatic or Neuralgic Pains.

Hesitation of Speech.	Elevation of one Shoulder.
Anchylosis or stiffness of a Joint.	Inversion of the Feet
Shortness or deviation of a Limb.	

B.—*Artificial or factitious disabilities, without any alteration of tissue or important lesion of functions.*

Jaundice.	Internal Hæmorrhoids.
Ecchymosis.	Hæmaturia.
Pithiriasis, or lousy disease.	Excretion of Gravel.
Purulent discharge from Ear.	Change of colour and consistence of the Urine.
Hæmoptysis.	Hæmorrhoidal discharge.
Hæmatemesis.	Varices.
Inguinal and Scrotal Hernia.	
Prolapsus Recti.	

C.—*Excited disabilities by external or internal agents.*

Wounds	Ascites.
Mutilations	Tympanitis.
Ulcers	Hydrocele.
Eruptions (Dartres.)	Hæmatocele.
Tinea capitis.	Inguinal or scrotal Hernia.
Eruption of pustules, Petechiæ.	Vomiting.
Ophthalmia.	Weakness of the Pulse.
Scurvy of the Gums.	Fainting.
Caries or loss of almost all the Teeth.	Palpitation of the Heart.
Hydrocephalus.	Amaurosis.
Vertigo.	Fever.
Furious madness.	Emaciation, or Debility.
Emphysema.	

DIVISION OF FEIGNED DISEASES, BY FALLOT.

FUNCTIONS OF RELATION.

Art. 1.—INTERNAL SENSITIVE APPARATUS.

Intellectual and Affective Organs.

- | | |
|-------------------------|-------------------|
| 1. Mania. | 4. Epilepsy. |
| 2. Monomania—nostalgia. | 5. Convulsions. |
| 3. Imbecility. | 6. Various pains. |

Art. 2.—EXTERNAL SENSITIVE APPARATUS.

Organs of Sight.

- | | |
|----------------|---------------------------|
| 7. Amaurosis. | 11. Strabismus. |
| 8. Myopia. | 12. External ophthalmia. |
| 9. Presbyopia. | <i>Organs of Hearing.</i> |
| 10. Cataract. | 13. Deafness. |

Organs of Smelling. 17. Ulcers.

14. Ozæna. 18. Coloration of the Skin.

15. Polypus nasi. 19. Emphysema.

Organs of Touch. 20. Œdema of the limbs.

16. Skin diseases. 21. Fœtid perspiration.

Art. 3.—ORGANS OF SOUND.

22. Loss of the voice and the power of articulation. 23. Stammering.

Art. 4.—APPARATUS OF LOCOMOTION.

24. Contractions. 26. Claudication.

25. Obstipation. 27. Paralysis.

CHAP. II—FUNCTIONS OF NUTRITION.

Art. 1.—RESPIRATORY APPARATUS.

28. Hæmoptysis.

Art. 2.—CIRCULATORY APPARATUS.

29. Palpitations.

Art. 3.—DIGESTIVE APPARATUS.

30. Vomiting. 33. Hæmorrhoids.

31. Difficult deglutition. 34. Hæmatemesis.

32. Tympanitic abdomen. 35. Prolapsus ani.

Art. 4.—URINARY APPARATUS.

36. Incontinence of Urine. 37. Hæmaturia.

Art. 5.—ASSIMILATORY APPARATUS.

38. Scurvy. 39. Emaciation. Symptoms of Consumption.

CHAP. III.—FUNCTIONS OF REPRODUCTION.

EXTERNAL GENITAL APPARATUS.

40. Emasculation.

APPENDIX.

Are there characters which distinguish voluntary from accidental, gunshot, or other wounds?

CLASSIFICATION OF FEIGNED AND FACTITIOUS DISEASES,
FOUNDED ON OUR MEANS OF DIAGNOSIS, NAMELY, ON THOSE SYMPTOMS WHICH ARE
REFERABLE TO THE FEELINGS OF THE PATIENT, AND THOSE WHICH ARE
COGNISABLE BY THE SENSES, OR ACQUIRED INFORMATION OF
THE PHYSICIAN.

Pain.	Acute Rheumatism.
Nyctalopia.	Lumbago.
Hemeralopia.	Sciatica.
Amaurosis.	Dysuria.
Myopia.	Incontinence of Urine.
Presbyopia.	————— the Fæces.
Amblyopia.	Ischuria.
Strabismus.	Lameness—Voluntary Limping.
Nictitation, Blepharospasmus.	Disease of the Loins, from Hurts,
Deafness.	Sprains, &c.
Aphonia.	Chronic Hepatitis, Hepatalgia.
Dumbness.	Acute ———.
Deaf-Dumbness.	Intermittent Fever.
Stammering.	Continued ———.
Insensibility, Coma.	Dyspnœa.
Lethargy and Somnolency.	Pneumonia.
Somnambulism.	Vomiting.
Vertigo, Cephalalgia.	Pyrosis.
Hysteria.	Gastralgia, Gastrodynia.
Insanity.	Dysphagia.
Dementia, Imbecility.	Dyspepsia.
Mania.	Colic.
Monomania.	Malformations, Deformities.
Erreur de Sentiment.	Lateral curvature of the Spine.
Moral insanity.	Gibbosity.
Nostalgia.	Obstipation.
Epilepsy.	Contractions of the limbs.
Convulsions.	————— of the shoulder joint.
Chorea.	————— of the elbow joint.
Catalepsy, Cataleptic Extasy.	————— of the fingers.
Paralysis.	————— of the thigh.
Hemiplegia.	————— of the knee joint.
Paraplegia.	————— of the ankle joint*.
Local Paralysis.	Malposition of the toes.
Ptosia.	Epistaxis.
Shaking Palsy.	Hæmatemesis.
Chronic Rheumatism.	Hæmoptysis.

Hæmaturia, Coloration of the Urine.	Pompholyx.
Phthisis.	Porrigo.
Abdominal Tumour.	Erysipelas.
Physconia.	Seabies.
Tympanitis.	Variola.
Peritonitis, Gastritis.	Gout.
Syncope.	Stricture of the Urethra.
Palpitation.	Otorrhœa.
Hypertrophy of the Heart, and Pericarditis.	Cancer.
Excited circulation.	Fistula in Ano, in Perinæo.
Diminished ———.	Ozæna.
Asthma.	Fœtid Perspiration.
Ophthalmia.	——— Breath.
Tarsi.	Polypus of the Nose.
Membranarum Conjunctivitis.	Prolapsus Ani.
White swelling.	Hæmorrhoids.
Scrofula.	Jaundice.
Lupus.	Pneumatosis, Emphysema.
Ulcers.	Hernia.
Factitious Wounds.	Hydrocele.
Loss of teeth.	Scurvy.
Fictitious Wounds.	Gonorrhœa.
Ecchymosis.	Apoplexy.
General Indisposition.	Nephritis, Excretion of Calculi, Gravel, and Alteration of the Urine.
Debility.	Excretion of Alvine Evacuations.
Marasmus.	Ascites.
Cachexia Africana.	Opacity of the Cornea.
Diarrhœa, Dysentery.	Cataract.
Dislocation.	Varicocele.
Fracture.	Sarcocele.
Disease of the Hip-joint.	Tetanus.
Swelled Limbs.	Hydrophobia.
Anasarca.	Fasting.
Elephantiasis.	Animals in the Stomach.
Varicose Veins.	——— in the Urine.
Partial Atrophy.	Vicarious discharge of Urine.
Skin Diseases.	Suicide.
Alopecy.	Poisoning.
Urticaria.	Hanging.
Psoriasis.	Drowning.
Impetigo.	Death.

The practical value of this classification, will chiefly consist in the aid which it may furnish to the surgeon in forming an opinion as to the possibility and probability of the affection being feigned or real. While the remarks under each head, being as full yet as concise as the nature of the subject will admit of, may probably be further sufficient to clear up his mind in the detection of fraud, or in the determination of truth. General inferences have been as much as possible avoided being drawn from individual cases, or solitary examples; since it is seldom that any one of these can be laid down as the type or characteristic form of imposture in all, or even the generality of such cases; and histories of individual cases of deceit have been nearly entirely omitted, except in a few instances, where they have seemed necessary to illustrate some point in question; as their relation, (generally filling up a large portion of the articles under this head,) though amusing, and individually instructive, would be an unnecessary waste of the reader's time. Wherever the details, however, are attended with sufficient interest, the authority has been *stated*, and the place quoted where they are to be found.

Before proceeding to the consideration of the particular diseases which may be simulated, it is necessary to premise, that in proposing a man for discharge from the army, we should consider it necessary, in most cases, to state the reality of a material pathological condition; that we should be able to show strictly that a disease has existed so long as to be a cause of discharge.

The importance attached to the name of a disease, lies after all in the discovery of the actual seat of the affection. And although this exclusive localisation might be somewhat deceitful, were it necessary to determine the origin of the disease, for the choice and application of therapeutic agents, that is not the point in question; the recognised existence of a permanent organic lesion is sufficient for us to pronounce with assurance. The exceptions to this rule will be determined by the knowledge and experience of the surgeon.

PAIN.

PAIN is the symptom of disease which is most *easily* pretended, as it does not fall under the cognizance of our senses.¹ It is the ordinary resource of those base soldiers who prefer the hospital to active service. Its pretension is frequent,² and its detection often *difficult*.³ In fact, pain is the symptom of disease which is most *frequently* assumed;⁴ and in proportion to the facility of pretending it, must be the vigilance of those whose duty it is to detect the fraud.⁵ One reason why pain is so frequently feigned is, that the vulgar see little in real disease but pain; or, at least, they look upon pain as the common symbol of disease, and regard it as something superadded to, and existing separately in the body. All must admit that a considerable degree of pain may exist, without a well marked change in the external appearance.⁶

The inquiry should be made in all suspicious cases as to the situation, probable cause, and nature of the pain complained of, whether it is increased by pressure, what is its duration and intensity, and what are the phenomena under which it ceases; also, if any remedies have been used, what they are.

Flying or migratory pains are very common among soldiers and sailors, and are known by the cant name of the *all-overs*.⁷ If

¹ Les douleurs dans les différentes parties du corps, sont les maladies qui se multiplient le plus fréquemment, parceque leur existence ne paraît susceptible d'être appréciée que par celui qui les éprouve. Foderé, Traité de Médecine Légale, vol. i., p. 153. "Frequentissime simulatur," "idque ea potissima ex causâ, quod videatur dolor percipi non posse nisi ab eo qui dolet, et qui in seipso habet causam dolendi.—Zacchias, Quæstiones Medico Legales, lib. iii., tit. ii., quest. 4. See also, for similar sentiments, Fortunatus Fidelis and Sylvaticus.

² Marshall, Ed. Med. and Surg. Jour., vol. xxvi., loc. cit.

³ Metzger, among others, notices the difficulty of proving the absence of pain.—Principes de Méd. Lég., by Ballard, p. 127.

⁴ Beck's Medical Jurisprudence.

⁵ La simulation de douleurs est trop facile pour que les impositeurs n'y aient souvent recours. Fallot, Memorial de l'Expert, etc., p. 216.

⁶ It is next to impossible to prove the absence of pain—hence detection is very difficult. Copland, Dict. Pract. Med., vol. i. p. 889. Rien n'est plus facile sans doute que d'accuser des douleurs, rien de plus difficile que de constater jusqu'à quel point ces douleurs sont réelles. Fallot, Memorial de l'Expert, etc., p. 209.

⁷ Cyclopædia of Pract. Med., art., Feigned Diseases.

the surgeon listens attentively to the narrative, and begins to catechise his patient with apparent simplicity and good faith, he may bring him to admit the existence of any symptom, however absurd, and thus to betray himself.

The *seat* of pain affords, in most cases, the surest information as to the organ which is affected, and is on that account of much diagnostic importance. It is not always, however, to be depended upon, as pain often manifests itself only at the aperture of the organ, especially of the mucous membranes; often only at a remote part of the nerve which comes from the diseased part; often in the organ chiefly influencing the morbid part, and vice versa. Generally, however, the seat of the pain is either the external or the internal parts; and probably these latter may often be more easily detected than such as are alleged to have their site in the external parts; inasmuch as pains of a simply nervous character are perhaps of less frequent occurrence in the latter situation, and pain depending on other causes will be accompanied by other appropriate symptoms. But external pains are generally of that kind which is deemed a slight disease: moreover, it is often accompanied with change of colour, tumour, heat, or redness; though it is equally true, that there are species of severe pain in which the physician can find no appearances on which to found an opinion; of this description are scorbutic and venereal pains. There are, however, other means of detecting these.

Pains in the muscular apparatus arise either from the nervous system, from the influence of contagion, in hysteria, hypochondriasis, worm disease, or from the vascular system, and organic diseases of the heart, pleura, liver, stomach, kidneys, in scurvy, and before hæmorrhages, or from irritation or inflammation of the muscular apparatus.

In order to determine which or whether any of these causes be the actual one, in cases of asserted muscular pains, attention must be paid to the corresponding phenomena. For instance, muscular pains from the vascular system are characterised by the signs of disturbed action of the heart, and its con-

sequences; whilst in idiopathic muscular pains these signs are wanting, and a considerable febrile affection soon results. Neuralgic pain in the limbs is distinguished from the rheumatic pain by its course along the nerves, and its occurrence in paroxysms.

Internal pain is generally accompanied by symptoms which it is impossible to assume, and their absence will of course lead to suspicion.¹ Thus, pain in the head is attended with loss of sleep, vertigo, fever, and sometimes delirium;—in the thorax with cough and difficult respiration. If it is seated in an essential part, endowed with much sensibility, such as the stomach, the patient ought to have cold sweats, bilious vomiting, anxiety, pallor, cold extremities, fever, perhaps inflammation, aversion to every kind of nourishment, and other similar symptoms:—if situated in the intestines, flatulence, borborygmi, diarrhœa, or obstinate constipation, harass the patient. In affections of the kidneys and bladder, besides other symptoms, such as nausea and vomiting, there is ardor urinæ—high-coloured urine, depositing a sediment, and sometimes mixed with blood; sometimes there is suppression—sometimes it comes dribbling with dysuria. So also in the other organs, each has its peculiar symptoms, which, if the disease be real, are not periodic or occasional in their attacks, but incessant; and their severity is generally greater during the night.

Besides pain being only *one* of the characteristics of a morbid function, or state of internal organs, these are declared by other symptoms, which are very difficult of simulation; such as the expressions of the face, which, however constant, differ according to the seat of the affection. According to Dr. Marshall Hall, it may in general be observed that the *brow* is contracted by pain within the head, the *nostrils* are drawn acutely upwards by pain of the chest, and the *upper lip* is raised and stretched over the gums or teeth in painful affections of the abdomen.²

¹ Orfila takes notice of simulators assuming no other symptom of disease of internal parts, when they complain of pain. See Cours de Médecine Légale, t. ii.

² Principles of Diagnosis, p. 49, 2d ed.

The *fixed* or *wandering* character of the pain is of some importance. Fixed pain is a sign of a continued affection, of inflammation, and neuralgia; if fixed in several different parts, it may be by the consent of, or the same morbid process in different organs; or the central organs of the nervous system are inflamed. Wandering pains manifest themselves in disturbance of the nervous system, in hysteria, hypochondriasis, pellagra, and in organic diseases of the heart; in constitutional, and in chronic abdominal affections.

Inquiry ought also to be carefully instituted as to the alleged *cause* of the pain, and a comparison drawn between it and the character and violence of the pain complained of.

As the *species* of pain is of much diagnostic import, we should examine whether it be dull and heavy, tensive, burning pulsating, or lacerating; or whether it be perforating, pungent, gnawing, or prickling; and whether the parts in which the pain is said to be situated are susceptible of such pain; comparing this kind of pain with the symptoms which ought to accompany it—such as diminution of power, heat, loss of sleep, of appetite, thirst, &c.

Dull heavy pain is a sign of hyperæmia, or inflammation of a parenchymatous organ, of effusion, of an internal tumour.

Tensive pain—of neuralgia, of inflammations of serous membranes, of eruptions, of the formation of abscesses, ascites, tympanitis, and plethora.

Burning pain—of violent inflammations, particularly of the integuments.

Pulsating pain—of violent congestion, suppuration.

Lacerating pain—of rheumatism, arthritis.

Perforating pains—of ostitis, periostitis.

Pungent pain—of irritation and inflammation of the fibrous and serous tissues; lancinating pain denotes cancer. Gnawing, biting pain—of cancer, of several cutaneous eruptions, morbilli, rubeola, herpes, miliary eruption, eczema, &c.

Prickling pain—of, (if extending over the whole body,) diseases of the brain and spinal cord, hysteria, epilepsy, hypo-

chondriasis, delirium tremens—disease of the kidneys, heart, chronic disease of the abdomen, wandering arthritis.

By ascertaining that the pain is *increased* on pressure we learn the presence, or absence of a characteristic sign of inflammation in contradistinction to irritation; that it is *diminished* on pressure we have a characteristic sign of the neuroses, as also of many rheumatic affections.

It is important to know the *duration* of the pain complained of; whether it is transient, permanent, remittent, or intermittent. It is very rare that it is prolonged for any length of time without exhibiting manifest and unequivocal signs.¹

Transient pains occur in affections of the spinal cord, in irritations, in hyperæmic states of internal organs, in rheumatism and gout.

Permanent pain characterises inflammation and many of its consequences.

Remittent pain belongs to inflammation as well as irritation.

Intermittent pain is a sign of the neuralgiæ, rheumatism, gout, hæmorrhoids.

The *violence* of the pain indicates to us the state of the nervous system, the degree and extent of the inflammation or irritation, and the structure and situation of the affected part.

If the pain is stated to be violent or persistent, and the patient notwithstanding enjoys a good appetite, has a natural pulse, a clean tongue, sleeps well, and does not lose flesh, we have reason to doubt its severity, and even its reality.²

Much may be learned from the *remedies* employed, as there is often a great aversion to the proper modes of cure; as was exemplified in a case related by Coche, which yielded on

¹ Sunt etiam nonnulli dolores, qui si diu duraverint, abscessus et suppurationes de necessitate faciunt.—Hippocrates, vii., Aphor. xxii. Alii vero dolores in alios morbos transeunt, ut longus ac vehemens dolor capitis in apoplexiam, lethargiam, surditatem, spasmus, apostemata et hujusmodi.—Avicenna, i., tract. ii., cap. i.

² If any one therefore complain of such pains, (intense pains of important organs), and says that he has borne them for two or three days without the appearance of any evident symptom, he is not to be believed.—Zacchias, Quæstiones Medico-Legales, loc. cit.

symptoms of the recommencement of the use of a series of moxas.¹

Powerful agents are indicated if the disease be real, and in that case the patient will not object to their application. It may also be proper to mix a little opium in the food of the patient ; and if sleep be thus readily induced, we may form an opinion as to the severity of the disease. In some suspected cases, Marshall has known a regular exhibition of the *mistura diabolica* followed by a gradual and complete recovery.² Where this means fails, the following plan may be tried :—To address the patient formally before his comrades, and to tell him that every care had been taken to comprehend the nature of his complaint, which is not recognisable by external symptoms, and to apply the proper remedies for his recovery, though unsuccessfully ;—that as he still complained of severe pain, it would be necessary to reduce his diet, for fear of aggravating the uneasiness ; and that, for the future, it was intended in his case to trust to the beneficial influence of low diet, confinement to bed, and time.

Fallot states, that he has frequently gained from time, confessions which painful treatment could not wring.

To follow up the measure, the surgeon should, in his visit to the sick, pass this man's bed without noticing him : the distant prospect of success, and the scorn of his comrades, induce many an impostor to give in who is treated in this manner.

Internal pain, the existence of which it is difficult positively to deny, may be discovered, in some cases, to be feigned, by examination during sleep ; as in a case of severe abdominal pain, which during sleep was not aggravated by pressure and considerable kneading.³ Marines when learning their exercises, and on marching, have frequently complained of dull pain of the chest, which gave no indications by the stethoscope of the causes of its presence ; when admitted into Melville Hospital,

¹ *Annales d'Hygiène*, vol. iv., p. 446.

² *Ed. Med. and Sur. Jour.*, vol. xxvi., loc. cit.

³ Marshall's Hints, p. 118. This is related under the head of PERITONITIS.

they were readily cured by the use of electricity, though repeated cuppings had failed to remove the pain.

Lentin relates a singular history of a pretended pain in seeing, and the operation which was the result.¹ Waldschmidt relates the story of a peasant who was suddenly cured of a pretended cephalalgia by speaking of the trepan.² Zacchias also mentions such a case;³ and Ballard states that he cured a pretended, or rather exaggerated case of pain, by an emetic.⁴ It must nevertheless be admitted that in cases of such pretended pains, the discovery of the truth is more likely to be brought about by means of the inconsistencies and contradictions of a patient in his history of the complaint, and by collateral evidence, than by the absence of positive and sensible indications of disease. It is from psychological, rather than from physiological facts, which ought to vary according to the case, that the physician should choose his means of discovery. Zacchias says, that it is difficult for a simulator to deliver, without contradictions, the narration of his disease, and the explanation of the causes and the species of the pain. Thus, for example, if, on interrogation, he say, that it is the inferior part of the head that is pained; that the pain is throbbing; and that his head appears cold to him, and as if oppressed by a heavy weight; and if he say, that the exciting cause of the pain has been too great dampness of the place which he has occupied, then contradictions are evidently proved; for these statements are irreconcilable: because a throbbing pain arises from a heating cause, whereas such a pain could not arise from such a cause, or exist with the feeling of coldness. Or if, on interrogation as to the duration of the pain, he say, that the pain which is throbbing is also continued—that it never intermits, though it is subject to remissions—that these remissions occur more frequently during the day than the night; then, from these

¹ Vide Metzger, *Med. Abh.*, vol. i., p. 66.

² *Dissertatio de Morbis simulatis ac dissimulatis*, th. 25.

³ *Quæstiones Medico Legales*, t. iii., tit. 3, 9, 4.

⁴ *Principes de Médecine Légale*, p. 462.

are we also entitled to draw a presumption of fraud ; because a throbbing pain, such as arises from a heating cause, or plethora, is usually most intense during the day and after taking food.¹

An interesting case of feigned tic douloureux, or neuralgia, is related by Dr. A. T. Thomson, which occurred in a girl who, to escape from school, pretended to suffer a severe pain behind the ear. The success of this attempt was complete. This case is recorded in the journals as an illustration of the effects of mental impressions on the nervous system.² There is also related the case of a girl who was in four hospitals, pretending that she suffered a severe pain on the inner side of the arm, and who professed to a surgeon that she was willing to submit to amputation for relief.³ Fallot relates an interesting case of a man, who, some months after receiving a blow on the head, and after having caused a tooth to be extracted, commenced complaining of tic douloureux of the face ; after long and judicious treatment, of which cauterisation and division of the nerve formed a part, he was proposed for discharge. He succeeded in impressing his new examiners with the reality of the disease, by giving the most precise and satisfactory statements, and by pointing out a slight swelling of the integuments of the affected side ; it appeared he must have suffered to describe so well, nevertheless he shortly after boasted of the success of his stratagems.⁴

Every experienced practitioner has witnessed cases of most severe pain in almost every part of the body, in persons who could not be expected to feign ; yet in whom, had there existed causes sufficient to excite the least suspicion, simulation would have been presumed. Dr. Copland relates two cases in which calculi were found in the uriniferous ducts and pelvis, of the kidney, and which during life produced the most violent pains in the left side and loins, extending to the left shoulder. These pains were considered, by different physicians as, neuralgic—

¹ Lib. iii., tit. ii., Quæst. iv.

² London Medical and Surgical Jour., vol. vii., p. 101.

³ Lancet, vol. xii., p. 603. ⁴ Memorial de l'Expert, etc., p. 213.

hysterical—as arising from uterine irritation—as feigned—and as arising from spinal irritation. He states that he has met with two or three instances of the most severe pain recurring at irregular intervals, in a particular joint, without any apparent local or constitutional disturbance,¹ and the whole history of that great and increasing class of diseases termed neuralgiæ, is but a melancholy testimony in favour of the possibility of real pain being unmarked by any certain external signs.

Baron Dupuytren observes, that in nervous habits pains will sometimes remain after the receipt of a wound for weeks, months, or even years, without the presence of any foreign body: he remarks “a great many examples of these protracted pains, as a consequence of punctured wounds, have fallen under my observation, and they appear to me, from a consideration of their duration and of the course of the nerves, to result from an injury of these last. When the nerves are of some size, their lesion often produces the most obstinate pains, and sometimes atrophy of the limb ensues, as if its principal nerve had been divided.”

Even in external parts the most severe pains may long exist without affecting their appearance, and be referred to internal organs, without materially deranging the functions. Dr. Copland states that several instances of such kinds of pain which have been termed neuralgic have fallen under his observation.² Sir Astley Cooper was obliged, in three instances of such affections in the testicles, to remove the organ. These pains have often disappeared for a time, either during treatment, or without the use of any means. Many of these reputed cures would have occurred without the use of any remedial measures whatever; but to whatever cause the recovery be attributable, the return of the pain in some form or degree is generally observed, although of this as little as possible is said by narrators of extraordinary cures. Sometimes a return of the complaint is the least unfavourable occurrence, a more dangerous or even fatal malady taking its place, especially in the

rheumatic and gouty diathesis ; examples of which are given by the learned and ingenious Parry in his *Elements of Pathology*.

Too often have we reason to apprehend, that the absence of symptoms in such diseases has been the cause of great additional suffering to the victims of neuralgia in the public service. Foderé himself refused for fifteen years a certificate to a young soldier who complained of violent pain, sometimes in one part sometimes in another; but when, after death, no organic disease could be found, he attributed the destruction of life solely to the repetition and duration of the pains.¹ To support the foregoing statement reference may be made to the shameful and discreditable case mentioned in Johnson's *Journal*,² and to the unfortunate example mentioned by Cheyne, of pain and uneasiness in the loins, believed to be feigned, but ending in lumbar abscess, and death.³ Fallot states, that he has been too often a witness to the distressing consequences of an extreme severity; and Copland remarks, that he has no doubt that formerly, when the pathology of the spinal cord and its membranes was less attended to than now, many very severe affections, occasioned by changes in this quarter, were viewed as fictitious.⁴ He illustrates the necessity of a very minute and extended examination to ascertain the cause of pain, and consequently to prove its reality. The case of an intelligent tradesman may be quoted, who long complained of severe pains in the thorax, darting through both sides, and often backwards, to between the shoulders. They were occasionally most violent, and fixed themselves for a time in one place, and then in another of this cavity. His complaints were considered chronic pleurisy, adhesions of the pleura, rheumatism of the thoracic muscles, chronic disease of the liver, &c. Upon extending the examination to the spine, two of the spinous processes of the upper dorsal vertebræ were found very prominent

¹ Foderé, *Traité de Médecine Légale*, vol. ii. p. 471.

² Vide Sir George Ballingall's work on *Military Surgery*, and *Medical and Physical Journal*, vol. xix., p. 1.

³ *Dublin Hospital Reports*, vol. iv., p. 137.

⁴ *Dictionary of Practical Medicine*, vol. i., p. 890.

and pressure in this situation produced great pain. The remedial treatment was directed accordingly, and amendment took place. As a contrast to this case, so accurately diagnosed by this highly intelligent and accomplished physician, I have been informed by Mr. Blyth, jun., of Melville Hospital, of a case which was brought there about five years ago, of ramollissement of the dorsal portion of the spinal cord, which had been viewed as being, to a great extent, feigned. The sluggishness, inactivity, and indisposition to active exertion, the result of his disease, caused the unfortunate man to be twice flogged. Sloughing of the glutæi muscles ultimately took place.

An opinion as to the reality, severity, or nature of pain complained of by females, whether situated externally or internally, should not be given, until careful examination has been made as to the state of the spine, and inquiry as to the state of the uterine functions. If the least sign of disorder in the hypogastric, iliac, or sacral and iliac regions, as tenderness, pain, or fulness, be ascertained to exist, we ought not to infer deception, although it must be admitted, that exaggeration, and even simulation, may be practised nevertheless.

It must be remembered that many cases are recorded where individuals have supported the pretension of severe pain, with great cunning and resolution, under every privation, and much real suffering. As examples, I may give the case, related by Lentin, of a female mendicant, who solicited, and at length obtained, first, the removal of one mamma and then the other, and being not content with this, afterwards wished one of the hands to be amputated, on account of a similar pain, of which she alleged it to be the site;¹ also others related by Percy and Laurent, of individuals, who respectively, for four years and eight months, endured the most severe and painful external applications, and medicines given internally, without effect;² and another by Foderé, of pain in the knee-joint, pretended for

¹ Beytraege, Zur ausübenden Arzneywissenschaft. Leipzig, 1797.

² Dict. des Sciences Méd., art. Simulation des Maladies, t. li.

eight months ; in which cauterisations and blisters, severe treatment, and low diet, only produced wasting, retraction, and shortening of the limb, pallor, and cachexia.¹

In like corroboration, Marshall states, that some simulators have a degree of fortitude which resists every means of conviction, and that medical officers are occasionally induced to sanction the discharge of a man, rather in consequence of exhausted patience, than from an undoubted belief that a real source of infirmity exists.² A procedure which cannot be acquiesced in ; as “to admit the allegation of wandering pains, unsupported by physical changes, as a cause of discharge, would be to open a door for simulation which it would be impossible to close.”³

NYCTALOPIA. (NIGHT-BLINDNESS.)

The loss of the power of sight by night has been termed nyctalopia by some, and hemeralopia by others. Nyctalopia, more especially, has been used to signify both seeing by night, and night-blindness. Sometimes even the same author uses the word in both these opposite meanings. Nyctalopia is a disease little known in this country ; but in those parts of the world where the heat and light of the sun are powerful it is of frequent occurrence. Thus in Africa, in Asia, in the Mediterranean, and in the East and West Indies, it is no unusual disease among our soldiers and seamen. It has occasionally assumed an epidemic form in some parts of France, Germany, Poland, and Russia. Richerand states, that the inhabitants of the northern regions, where the ground is covered with snow during the greater part of the year, become, at an early age, the victims

¹ *Léçons de Médecine Légale*, vol. ii., p. 473—4.

² *Ed. Med. and Surg. Journ.*, vol. xxvi., loc. cit.

³ Circular, Army Medical Department, 22d January, 1830. These things being considered, a physician will have this in view, that pain on account of which a man is to be released from any duties, must not be slight.—*Fortunatus Fidelis*, lib. ii., relat. Med., cap. ii. “*Quia levis morbus non impedit hominem quin actiones suas exercere possit.*”—*Zacchias*, lib. iii., tit. ii., quæst. 4. ; also lib. de Constit., Art. cap. 19, in *Isagog.*

of this disease. He also states that artisans, exposed to great and continued intensity of artificial light, frequently suffer from the same morbid state of vision.

When the sun sets, vision begins to be indistinct in those affected with this disease, and becoming gradually more imperfect, as the light diminishes, is at length entirely lost. The blindness continues during the darkness of night, but diminishes as the daylight returns.¹ Night after night the blindness returns, and becomes more and more complete. For a time the restoration to vision through the day appears to be tolerably perfect, but at length the sight is evidently weak, by day as well as by night. The patient is affected with photophobia, and becomes myopic, his vision is more and more impaired; and, if neglected or mistreated, the disease ends in incurable amaurosis.² It is worthy of remark, that Europeans who have been affected with night-blindness, in the East or West Indies, are particularly liable to a recurrence of the disease, so long as they remain in a tropical climate; and that those who have suffered previous attacks are apt to be attacked by temporary dimness of sight, or momentary night-blindness.³

The appearances of the eyes are different in different cases. In many there is scarcely any change from the appearance of perfect health. Generally, however, the pupils are dilated during the attack, and do not contract on exposing the eyes to the light of a candle, or of the moon. In some, the pupils continue dilated even during the day; according to Bampffield, in the proportion of one to twelve.⁴ In others they are contracted, and evince a painful irritability on exposure to strong light.⁵

An almost mechanical cause has been assigned for this disease by different authors; namely, a rigid and contracted state

¹ *Cyclopædia of Pract. Med.*, vol. iii., p. 183.

² Mackenzie on Diseases of the Eyes, p. 882.

³ Mackenzie on Diseases of the Eyes, p. 883.

⁴ See *Medico-Chirurg. Transac.*, vol. i., p. 42.

⁵ *Med. Chir. Trans.*, vol. i., p. 39; also Manardi *Epist.*, lib. xv., *Epist.* ii., p. 431.

of the pupil, whereby a sufficient quantity of light is prevented from reaching the retina.¹

Dr. Grant states, that in a complaint of such frequent occurrence in the navy and army, and which affords such facilities for carrying into effect the schemes so often devised by seamen and soldiers to enable them to evade their duty, it would be an object of importance, if any sure diagnostic symptoms could be pointed out. The present state of our knowledge does not, however, enable us to do so with anything like precision. If contracted or dilated pupil were an invariable concomitant, this would afford a ready mode of discrimination; but these states of the pupil have been rarely observed, even in cases of long duration.²

The occasional epidemic, prevalent among Europeans, of night-blindness in tropical countries, is at once the source of frequent imposture, and the difficulty of detecting it. Sailors, in these climates, frequently feign this disease, with the view of escaping night duty; and it is hardly possible to detect the imposition by mere symptoms, as there are no direct means—(“il n’y a point de signes qui fasse connaître cette maladie, hors le rapport du malade”³); and in the real disease the aspect and functions of the eye are often perfectly natural, in full light.⁴ The evidence of its existence must, in a great measure, depend upon the weight attributed to a man’s own testimony. Attention must therefore be paid to the character, habits, and conduct of the individual; and there are few instances in which investigation and experiment will not suffice for its discovery.

When night-blindness supervenes gradually, and becomes permanent, it is an adequate cause of discharge.⁵

¹ Avicenna, Cannon. lib. ii., fen. 3., tract. iv., cap. 5, p. 561; Dan. Sennert, Opera, tom. iii., lib. i., par. iii., sect. ii., cap. 44, p. 526, Lugd. 1656, Th. Zuinger. Pædojatreja, obs. 25, p. 142, Basilæ, 1721; Fel. Plateri Præseos Medic., tom. i., cap. 6 p. 193. Herm. Boerhaave, de Morb. Oculor., p. 159, Gottingæ. 1750; Gregorii, Conspect. Med. Theor. p. 81, ed. tert.; Cyclop. Pract. Med. vol. ii., p. 185.

² Cyclopædia of Pract. Med., vol. iii., p. 186.

³ Maître Jean, Traité des Maladies de l’Œil, 2nde partie, ch. iii., p. 246, à Paris, 1740.

⁴ Cyclop. Pract. Med., vol. ii., p. 137. ⁵ Marshall.

Night-blindness is generally a very temporary affection, and it seldom occurs except when a regiment or body of men is sent to a tropical climate.

This disability was lately alleged to be epidemic in a regiment employed in the West Indies. The epidemic was caused to disappear in the following manner. The nyctalopics being told that exercise was necessary to their health, and that that could be obtained on duty, better than under any other circumstances, they were all directed to take their turn of duty, being furnished with a guide to take them to their respective posts. When immunity from duty ceased the disease rapidly subsided.¹ Night-blindness is a common disease in Egypt, and was frequently feigned by our soldiers in the expedition under Abercrombie. "Of some corps," says Dr. Cheyne, "nearly one half the men were affected with this complaint, or *pretended* to be so, for which, however, a remedy was soon found. In the parties engaged in the works, a blind man was joined to and followed one who could see, in carrying baskets filled with earth; and when the sentries were doubled, a blind and a seeing man were put together, and not without advantage, as during the night hearing upon an outpost is often of more importance than sight."²

From the returns in the Rangoon war, in 1824-5-6, it appears that nyctalopia was very common. And although it really existed in a great number, still many succeeded in feigning it. Dr. Mortimer, Hon. E. I. Company's, service, Madras, detected the feigned affection in numerous instances, chiefly among the native soldiers, by the agency of *electricity*; several very obstinate cases were overcome by this means: he allowed them time to "get softly down." The European soldiers seemed less sensible to the operation of this agent and it was less successful in their cases. When it did not speedily produce an acknowledgement of relief, and progress towards cure, the persistence in its use was not attended with any benefit.

¹ Marshall.

² In Dub. Hosp. Rep., vol. iv., p. 146.

If not depending on an organic cause, and arising suddenly, the disease may generally be cured with celerity and safety; as was proved by Dr. Weller, in 1787, in the case of a great number of soldiers who were affected with this disease in the garrison of Strasbourg.

Mr. Bampffield states, that of more than a hundred cases of idiopathic, and two hundred of symptomatic night-blindness, which had occurred in his practice, all perfectly recovered. Thence he infers that, under proper treatment, the prognosis may be always favourable.¹

HEMERALOPIA. (DAY-BLINDNESS.)

Very little has been recorded on the subject of this disease from actual observation. It may no doubt arise from such local affections of the retina, of an organic though unknown kind, as to entitle it to be considered idiopathic; the relative excess of light producing here the same effect as its relative deficiency did in nyctalopia. Day-blindness is mentioned as a symptom both of mydriasis and myosis: in the former disease the pupil admits too much light to enable the patient to see till after sunset—in the latter, the contraction of the pupil is supposed to relax in the obscurity of the night, and the vision in this way to improve. On the same principle, the patient affected with incipient cataract sees little during the brightness of the day, but finds his sight restored by the dilatation of the pupil which takes place in the evening. When not the consequence of ocular inflammation, day-blindness has been commonly observed as the temporary attendant of hysteria, or a symptom of worms, or other irritation, sympathetically affecting the brain generally, or the optic nerves in particular. The grounds for our decision, in alleged cases of this affection, must rest therefore, not on the symptomatic appearance of day-blindness, but on the disease of which it is the symptom.

¹ *Medico-Chirurg. Transactions*, vol. v., p. 47: London, 1814.

AMAUROSIS.

Blindness generally arises either from cataract, or amaurosis : the first is discoverable by very plain symptoms ; the last leaves the physician in doubt without ascertaining by experiments its existence.¹ Blindness without any apparent cause is a very favourite simulation with mendicants and street beggars, and is not an unfrequent disease among soldiers, and there is reason to infer that their loss of vision is only pretended. Fallot says, that there is no disease more frequently pretended by those who desire to withdraw from military service, and that it is almost always the right eye which is said to be affected. The means used to excite this affection are, instillations or inunctions with the extract or recent juice of the atropa belladonna, and hyoscyamus niger, or henbane. The distilled water of the spurge laurel,² and the datura metel, are said to have successfully produced this effect. Datura stramonium, and some other narcotics, almost immediately produce amaurosis. Mackenzie is of opinion that the continued use of tobacco is productive of a similar effect.³ The use of snuff, which has been moistened with a decoction of the atropa belladonna, has the effect of dilating the pupil of the eye corresponding with the nostril into which the snuff is introduced. The extract of henbane causes dilatation of the pupil after twenty-four hours ; the extract of belladonna after six hours.⁴ It is impossible to distinguish at first sight the temporary amaurosis produced by these drugs, from the real ; but the isolation of the individual for twenty-four hours will discover the truth,—for being unable to procure the substances to excite the artificial amaurosis, the eye will then resume its natural state. Where any doubt is entertained in cases of this alleged disability they should be examined repeatedly, and at uncertain

¹ Isfordink, *Militarische Gesundheit Polezei*.

² Coche, de l'Operation Médicale du Recrutement, p. 115.

³ On the Diseases of the Eye, p. 903.

⁴ Dict. des Sciences Méd., art. Simulation, t. li.

intervals. It is by the aid of these narcotic substances, and by an address peculiar to some well informed individuals, that amaurosis is ordinarily simulated; at least in two of its leading symptoms,—immobility, and dilatation of the pupil. It is well in our examination of suspected cases of amaurosis, as in the real disease, to regard the natural arrangement of the symptoms into objective and subjective. The former class includes those which the *observer* discovers in the form, colour, texture, consistency, vascularity, and mobility of the different parts of the organ of vision, or in the general health of the patient; the latter, those which the *patient* himself experiences, and which must be admitted very much upon his own testimony, as impaired and deranged vision, headach, giddiness, &c. It is advisable to attend first to the objective and then to the subjective symptoms.

The signs by which we recognise a simulation of recent date are the following:—The eye has preserved its form and its colour; at least if the amaurosis at first simulated has not become real in consequence of too often repeated applications: in such case, the transparency is always a little troubled; the contractions of the pupil on the sudden admission of light, and its dilatation in obscurity, have not yet ceased to manifest themselves. In the true and complete amaurosis, nothing of this kind is observable; we remark, on the contrary, that the iris has lost its mobility, and that it is insensible to the impression of the most lively light, even that from the sun, or reflected from a mirror.

But this remark, which serves to confirm the existence of the disease in the great majority of cases, is far from being infallible. Richter asserts, that nothing positive can be drawn from the mobility or immobility of the iris; for not only is the dilatation of the pupil not a constant symptom, but the immobility of the iris cannot be regarded as always accompanying gutta serena—this membrane being still capable of contraction, in spite of the most complete blindness. (Jacob states that

perhaps there are more cases of complete blindness, with contracted or half dilated pupils, than with perfect dilatation.¹⁾ This arises from the nerves which it receives from the third and fifth pair not participating in the lesion of those from which the retina is formed. Kirckhoff indeed asserts that the fraud is proved if the pupil contracts on the sudden admission of a bright light.² But Fallot states that he has known an amaurotic general officer for ten years, in whom the contractions of the iris under the influence of light, take place as if it was in its natural state.³

The pupil of a completely amaurotic eye will often move briskly according to the degree of light acting on the opposite sound eye; while if the amaurotic eye alone be exposed to the light its pupil will remain motionless and dilated.

In some cases where there is complete blindness, both pupils contract as in health, according to the intensity of the light to which the eyes are exposed. And according to Jacob amaurosis, both complete and partial, is sometimes found to be accompanied by active and perfect contraction and dilatation of the pupil.

It appears to be quite necessary for the motions of the iris, not only that the retina and iridant nerves be perfect, but that a certain degree of communication of both be kept up with the brain. May not the brain be so affected by disease, as to be incapable of receiving visual impressions, and yet retain the power of communicating to the third pair the impulse necessary for the usual motions of the pupil? Now, if we suppose, which is extremely probable, that the function of vision is accomplished only where the optic nerves reach the corpora quadrigemina; and that the association which undoubtedly exists between the optic nerves and the third pair is accomplished farther forward on the base of the brain, an explanation of this fact is given. The third pair arises from the

¹ Cyclop. of Pract. Med., vol. i., p. 59.

² Hygiène Militaire, p. 17.

³ Memorial de l'Expert, etc., p. 217.

substance of the crus cerebri, and forms its union with the optic nerve either here, or in some part of its course anterior to this: a disease, then, affecting the origin of the optic nerves, or any part between the corpora quadrigemina and the union between these nerves and the third pair, will produce blindness, but may leave unimpaired the influence of the optic nerve upon the third pair, (as in a case which occurred to Sir Benjamin Brodie in which the pupils dilated with the absence and contracted with the presence of light, although the patient was lying in a complete state of insensibility, and did not seem to be at all conscious of the impressions made on his retina,) while on the other hand, the cases of fixed and dilated pupils in amaurosis are probably owing to more extensive disease, so situated as to have affected that part of the brain where the optic nerve communicates its influence to the third pair. This idea is supported by a case given by Mr. Travers, of a circumscribed tumour compressing the left optic nerve immediately behind the thalamus opticus, in which the blindness was complete but the iris active.

If the above be a true explanation, Mr. Mackenzie remarks, of that activity of the pupil which sometimes exists in cases of total blindness, it will also account for the motions of the iris of an amaurotic eye when exposed with its fellow to light. Thus should the right be sound, but the left eye blind, from some morbid change in the retina, or in that portion of the nerve which extends from the retina to the point of union of the optic nerves, still the right optic nerve is in communication with both nerves of the third pair; so that, although the pupil of the diseased eye remains dilated and fixed when the sound eye is shut, it instantly contracts and performs the same movements as that of the sound one, when this latter is exposed to different degrees of light.¹

From these considerations an important means for the detection of simulated amaurosis may be deduced, for it has been

¹ Mackenzie on Diseases of the Eye, p. 907.

shown that whenever the pupil of an eye contracts, on the admission of light to it alone, the retina must possess its proper sensibility; and whenever the retina retains its sensibility, disease exists between the point of union of the second and third pair of nerves, and that part of the brain which is the seat of visual impression, if amaurosis be really present. If, however, on careful examination we find that no symptoms of any affection of the brain have shown themselves, the fictitious character of the alleged amaurosis is almost to be considered as decided upon.

A similar difference exists in the manner, as well as the degree, in which the phenomenon of the contraction of the iris takes place, in the true and in the factitious disease. In the first, or true disease, the contraction of the circle of the iris is slow and momentary; in the other the contraction is as prompt as its dilatation. But, finally, if the contraction were equally indicated in both instances, the diagnosis may be made in this way:—In the simple true amaurosis, (that is to say, when it exists only in one eye,) if the pupils contract and dilate successively when the two eyes are open, close the sound eye, and immediately the iris of that which is diseased will remain unexcitable; the pupil will dilate, and appear angular. Make the same experiment on the case which you suspect of recent simulation, and you will remark that the iris of the eye remains open, and continues to be sensible to the light, offering no irregularities like that of the pupil in the true amaurosis. Should it be otherwise, the amaurosis at first feigned has become real, by the continuance of the provocation in the use of the exciting means. Percy and Laurent, in the *Dict. des Sciences Med.*, and Orfila, state, that the eye in the disease simulated by the use of narcotic substances, is almost always bedewed with tears, which is not the case in true amaurosis: a remark with which Coche has frequently had occasion to coincide. Beck likewise mentions that the eye is more or less red. They state also, that in those cases where the sudden

loss of sight arises from an accident, the aqueous humour forms a tumour, which pushes forward the transparent cornea. A good observer should look well to the state of the cuticle of, and surrounding the eyelid: if he does not detect some of the extract, he may often recognise the characteristic odour. Isfordink states, that the truly amaurotic will tranquilly wait for an operation in which the point of the lancet threatens to enter into his eye; while the impostor, by closing his eye, or suddenly twitching, lets one observe that he sees the danger before him. (He also takes notice of the impossibility of the rapid formation of this state.)¹ Simulators of amaurosis, however, have sometimes disciplined themselves, so that an eye may not appear, by shutting the eyelids, to be sensible to light, or to the presence of a sham instrument. Dr. Fallot met with a conscript who had prepared himself in this way, and who, by the aid of belladonna, had completely simulated the principal symptom of amaurosis. Having suspicions that the disability was feigned, he placed one hand over the region of the heart, and with the other appeared as if he intended to pierce the eye with a sharp instrument, the head moved not, but the heart palpitated, which induced Dr. Fallot to give a decided opinion that the disability was feigned; under the influence of surprise and shame, the man avowed that his conclusion was correct.

Besides the state of the pupil, there are other marks distinctive of amaurosis. There is in the eye and gait of the amaurotic patient an air of uncertainty; he has a staring, unmeaning look, which Richter says is never absent in the true affection.² Mackenzie states, that this is a fact peculiarly valuable in cases where we have reason to suspect simulation on the part of the patient, as it is the only objective sign of amaurosis, which never fails to be present.³ Jacob however observes, that this moping state and gesture of apprehension in advancing, is per-

¹ *Militarische Gesundheit Polezei.*

² *Aufangsgrunde der Wundarztneykunst*, vol. iii., p. 423. Göttingen, 1804.

³ *On the Diseases of the Eye*, p. 904, 2nd Ed.

haps to be observed in those cases only which depend on cerebral disease. In some cases there is strabismus, or the eye becomes saillant; or the motions of the palpebræ are often impeded. This impeded action of the eye, however, is quite different from the winking or closing of the palpebræ, which Morgagni and others have considered characteristic of simulation. The colour of the eye is generally altered, the sclerotic becomes of a yellowish or bluish hue, and often covered with varicose vessels; while there are few symptoms of amaurosis so certain as a change in the consistence of the eye-ball, which is either much firmer or much softer to the touch than natural: some degree of glaucoma also is generally present. Strabismus, which is brought forward by Ackerman and Richter as a certain sign of amaurosis, may be met with in simple amblyopia, and is moreover easily simulated. Fallot thinks that a change of colour of the iris of the eye said to be amaurotic, ought to weigh much in our appreciation of the fact of fraud.

With regard to the progress of the affection, the defect of vision is in most cases observed but occasionally, and assumes at first the form of hemeralopia, or nyctalopia, and is attended with photopsia, *muscæ volitantes*, or other delusive appearances. Pain in the eyes, and still more frequently in the head and face, is in general present, accompanied by vertigo, tinnitus aurium, nausea, sleeplessness, and inability to exert certain of the mental faculties.

The general health and previous habits of the man should be inquired into—Has he suffered from syphilis, or from long mercurial courses? Has he had any epileptic or apoplectic attack? And what is the condition of his digestive organs?

In every case of alleged amaurosis the eye should be carefully examined, to ascertain how far the appearances presented by it coincide with the above description; and the patient should be made to enter minutely into the circumstances under which amaurosis first appeared, with the changes in vision

observed by him during its progress; and from these points will the opinion of the medical officer be drawn. The progress and symptoms of amaurosis are too little known to the vulgar, to be easily described by those who have not felt them.

It is important, more especially in military and naval practice, to ascertain the presence of the marks of injuries about the face and head, as marking probable injury of parts within the cranium, or of some nerves subservient to the perfect condition of the organ.

Dr. Mackenzie remarks, and it is worthy of being borne in remembrance, that temporary amaurosis is sometimes produced by cerebral congestion arising from long forced marches in hot weather. It is also worthy of notice, that those who are of a plethoric habit are generally able to produce a slight degree of it at will, when they stoop forwards, hang down their head, tie their neckcloth tight, or by any means increase, or rather impede, the circulation of blood through the brain. Boerhaave relates the case of a man, who, whenever he was intoxicated, laboured under complete amaurosis.¹ Sometimes the pretended disease is entirely detected by accident;—*e. g.* a case in the *Cyclo. Pract. Med.* of a seaman of the *Utile* frigate, believed to be labouring under complete blindness, who, to save himself a beating, opened his eyes to inflict punishment on his adversary. Plenck and Mahon's test of impostors is their avoiding things put in their way.² Beck states that if the watching of this circumstance is carefully pursued, the deceit is often detected.³ Mahon relates the case of a recruit feigning blindness, for whose detection all means were tried unsuccessfully, even placing him on the bank of a river, and ordering him to walk forwards (which he did,) and where the impostor could only be discovered by his own confession, on the promise of a discharge.⁴ Foderé says the proof in this case would have been

¹ De Morbis Oculorum, p. 75. Gottingæ, 1746.

² Mahon, Médecine Légale, vol. i., p. 539. Plenck, Elementa Medicinæ et Chirurgiæ Forensis, p. 115.

³ Medical Jurisprudence, p. 22. ⁴ Lib. cit. p. 366.

complete, if instead of a river he had been put on the edge of a precipice, where he might see that nothing could prevent his destruction.¹ But "What if he had been really blind?" In this observation, the difference between practice and theory is manifested.

The proper treatment of amaurosis will often be found sufficiently disagreeable by the impostor, who generally has a great dislike to such remedies as cupping, blistering, strychnia, emetic and nauseating medicines; these will in some cases be found sufficient for resolving our doubts. It has been stated, on good authority, that 200 conscripts were excused from service in the French army by the use of belladonna.² Belladonna, hyoscyamus, stramonium, tobacco, datura metel, and several other substances, when taken internally, produce more or less complete insensibility of the retina, which may continue for days or even weeks after the affections of the mind has disappeared, along with mydriasis in most instances, but sometimes with myosis; but in all such cases the delirium, coma, or convulsions that attend, will point out the nature and cause of the affection of the retina. Convulsions, however, rarely appear to be produced by belladonna. Blindness with dilated pupil also attends poisoning by solanum dulcamara, veratrum album, and several other substances. Opium and alcohol also induce insensibility of the retina, accompanied at first with contraction, but on the approach of death, with dilatation of the pupils.

MYOPIA.

This being a state of vision easily feigned and, when real, incapacitating the subject of it for the duties of a soldier, is one of the most common disabilities assumed by soldiers and unwilling recruits. It is however rarely feigned by sailors; because, if real, it would not incapacitate them for the duties required of them.

¹ *Leçons de Médecine Légale*, t. i., p. 360

² *Cyclopædia of Pract. Med.*, art. Feigned Diseases.

It is a state of vision too, which is very commonly assumed by society in general, when they wish to avoid the sight of an object that is disagreeable, or a friend that is objectionable. The infirmity in such cases generally disappears as speedily as it came on. During the years 1831, 1832 and 1833, 7 3-tenths per 1000 of the conscripts examined in France were exempted from serving on account of short sight. In the department of the Seine, of every 1000 conscripts who were exempted from service in consequence of disabilities, from the year 1800 to 1810, fifty-eight were excused in consequence of being near-sighted: 643 in all, or about two and a half per cent., a much greater proportion than there ought to have been, since this affection is of very uncommon occurrence in those ranks of life from which soldiers are taken. Mr. Ware found, that in nearly 10,000 foot guards, myopia was almost unknown, not six men having been discharged, nor six recruits rejected for it, in nearly twenty years.¹ In a previous table I have shown the great difference between the rejections for myopia in the French army and the English. Never were there in France so many myopes as during the conscription laws. Formerly, of 100 young men, scarcely five were found to wear concave glasses;—then, at least twenty. The habit of wearing glasses became so common, and this means of obtaining an easy discharge so general, that at last such individuals were placed among the pioneers, the hospital corps, &c. “It is curious to observe,” says Foderé, “how many young men have, during the last twenty years, worn convex glasses, in order to acquire myopia; which, however, is not the certain consequence, but more commonly this practice leaves a weakened and defective sight, differing from it, and also from that which is the effect of old age.”² It is remarked of those who are short-sighted, that they do not look at the person with whom they converse, because they cannot see the motion of his

¹ Mackenzie on Diseases of the Eye.

² *Traité de Médecine Légale*, vol. ii. p. 480.

eyes and features, and therefore they are attentive to his words only ; that in reading, they hold the book obliquely towards their eyes, thus helping them to see it distinctly ; that they see more distinctly and somewhat farther off by a strong light than a weak one, on account of the contraction of the pupil which is thereby produced, and which serves to exclude all but the more direct rays of light, and consequently to lessen the apparent confusion, that on the same principle, when they endeavour to see any distant object distinctly, they almost close their eyelids, and that through a pin hole in a card, objects appear to them much clearer and better defined, than with the naked eye.¹ Short-sighted persons write a small cramped hand, and prefer to read a small type, because they can thus see more at a view. They can read a very small print, in a degree of light quite insufficient to allow an ordinary eye to make out even large letters.—When they endeavour to write in a large hand, they find it difficult to do so, and are apt to mis-shape the letters.

The eyes of those who are short-sighted are frequently prominent, and the cornea preternaturally convex ; there is an evident approach to the state of hydrophthalmia, the space called anterior chamber being more than commonly deep ; the pupil is generally large, the eyeball firm, the eyelids often tender. But it is neither from an inspection of the eyes, nor from the account of the individual, that we can judge concerning the reality of this complaint ; though the goose-foot wrinkles at the corner of the eyes, and the strongly marked habitual frowning, or knitting of the eyebrows, especially when looking at an object beyond the reach of distinct vision, may aid our diagnosis. It may however be ascertained by presenting an opened book, and applying the leaf close to the nose, or by putting on glasses proper for near-sighted persons, with No. 3 glasses they ought to be able to read at the distance of a foot. To distinguish distant objects they ought to be provided with No. 5 and a

¹ Mackenzie on the Diseases of the Eye, p. 836.

half.¹ If the individual cannot read the book distinctly when placed thus, or when the above glasses are used, we may feel confident that the disease is feigned.² This mode of examination should be rigidly adhered to, since, as far as the observation of the French surgeons extended, no complaint was more frequently urged by those who wished to avoid military duty than near-sightedness. Still I am not aware of any unequivocal symptoms indicative of the existence of this disability, as a man may accustom himself to the use of glasses, so as to read a book put close to his eyes; thus we may refer to the case of a young schoolmaster, who, in expectation of being some day drawn for the army, practised reading with all kinds of glasses before hand, and when he was drawn obtained his exemption without difficulty.³ It is to be remembered that a man may be so far short-sighted as to be able to read a book placed close to his nose, who is not incapable of the ordinary duties of a soldier on account of limited sphere of vision. Thus Dunlop states that there was a young French surgeon, in Edinburgh, in the year 1819, naturally short-sighted, but not sufficiently so to excuse him from military duty, who avoided the conscription by habituating himself to read with a book close to his eyes.⁴ Fallot states that by a particular organization or by long habit, some men possess the power of reading at all distances, with every kind of glass, and refers to an instance within his own knowledge of such a power. A medical officer would require to be very scrupulous in recommending a man to be discharged on account of an alleged disability which presents no obvious character, and of which no other proof could be adduced but the testimony of the individual concerned.⁵ Myopia is a

¹ Quant à la myopie, quelquefois la conformation plus convexe du globe de l'œil l'annonce; mais en général, pour bien la constater, il faut avoir recours à l'épreuve de lunettes concaves, d'un foyer très rapproché.—Kirckhoff, *Hygiène Militaire*, p. 18.

² Foderé, *Traité de Médecine Légale*, vol. ii., p. 480.

³ *Dict. des Sciences Médicales*, 317, art. *Simulation des Maladies*, t. li., p. 357.

⁴ *Beck's Medical Jurisprudence*, p. 24.

⁵ *Marshall Ed. Med. and Surg. Jour.*, vol. xxvi. loc. cit.

decided example of this class of disabilities.¹ When any doubt is entertained regarding the existence of this defect, the most advisable measure is to follow the example of the French government, and place the individuals in situations where long vision is less necessary.

Unless the alleged presbyopia be accompanied (with an apparent diminution in the size of the eyeball, and the latter be more sunk in the orbit,) with a flattening of the cornea, and retraction of the pupil, it ought not to form ground for exemption.² The proofs derived from convex glasses are equally applicable here as those from concave glasses in cases of myopia. Fallot has only seen one instance of its simulation.

AMBLYOPIA.

With regard to amblyopia, or weakness of sight, which consists in seeing objects at all distances confusedly during the day as well as night, we acquire from examination some certainty, when we perceive that the pupils have changed their diameter, or when they have lost somewhat of their mobility, or of their regularity. As there is no specific disease to which the name of amblyopia ought to be appropriated, and as weakness of sight is a complaint symptomatic of many and very different kinds of disease, we shall require carefully to investigate the causes upon which it is dependent. Our decision will then rest on the disease of which it is the sequence, and not on a mere symptom. I know of no feigned case occurring in the British army. It is the duty of the surgeon not to pass his judgment upon these different diseases of the eye until he has collected all the rational proofs of their existence. Moreover, though the different defects of sight, when considerable, may expose the soldier labouring under them to the loss of a post, they do not hinder him from being useful in the other services in which he may be employed in the army.

¹ Marshall, Ed. Med. and Surg. Jour., vol. xxvi. loc. cit.

² Coche, de l'Op. Méd. du Recrutement, p. 140. Ryan, Medical Jurisprudence.

STRABISMUS

is, of all diseases of vision, that which is most *easily simulated*, and that which by habit can be most *easily acquired*. It is sometimes simulated, and is often thereby produced, becoming a permanent defect. Mackenzie states, that the distorted eye in almost every case is very considerably inferior in its power of vision to the other, and that those who squint with both eyes see indistinctly and confusedly: if inwards they are generally very short-sighted, or partially amaurotic. It ought rarely to be considered as unfitting a recruit for the service, as proper vision can always be obtained by simply shutting one eye, and more especially as it does not unfit tradesmen who require considerable delicacy of vision for their trades, such as watch-makers, &c. Without one eye having a larger focus than the other, it ought not to form a ground for exemption. It is probable than in most simulations of this deformity, a proposal to divide the rectus muscle, which could be made with great formality and seriousness, unless the squint should gradually disappear in a certain space of time, would be attended by a speedy recovery from the simulated obliquity. Some simple means of cure might be suggested, in order that the simulator might take advantage of their use, to attribute his cure to their agency.

NICTATIO. (NICTITATION.)

The tremulous, quivering, or twitching motion of one or other eyelid, or of both, may be easily acquired by practice, but is only likely to be made use of as a pretext, in pretended cases of tic douloureux, and neuralgic affections of the face; by the French it is called tic non douloureux. This pretended affection can be easily recognised by watching the person when he is excited, and when he does not believe himself to be observed; the affection will then disappear, instead of becoming considerably increased.

The simulation of morbid nictitation, which is chiefly a con-

vulsive action of the orbicularis palpebrarum, will be found to consist in an increased degree of natural nictitation, which is performed chiefly by the alternate relaxation and contraction of the levator palpebræ superioris.

BLEPHAROSPASMUS.

This may occasionally exist without intolerance of light, or apparent cause of internal or external irritation; and such a state may consequently be feigned at the will of the individual; or it may be produced by introducing behind the palpebræ some slightly irritating body. Proper attention will generally be found sufficient to detect such a deceit. It is rare, however, that we do not find morbid nictitation, or blepharospasmus, accompanied by intolerance of light; in which case the fraud will be discovered, by the simulator as firmly resisting the opening of the eyelids in an obscure as in a bright light.

DEAFNESS.

The difficulty of determining whether this affection is true or feigned, has caused many young men to simulate deafness. And certainly they have often done so with so much art and perseverance as to obtain their discharge. Ryan says it can be simulated so well, that it is almost impossible to detect impostors;¹ and Fallot confesses, with more humility than the occasion seems to require, that he cannot indicate any means by which a true, may be readily indicated from a pretended, deafness.² Nevertheless, impostors may almost always be discovered, if, not limiting ourselves to one examination, we set a watch on them night and day, to take advantage of the snares into which they can scarcely fail to fall, unless, indeed, by an extraordinary circumstance, they have a fortitude of mind which never abandons them. Suspicion of the reality of alleged deafness is commonly excited, and its truth decided, rather by moral than

¹ Manual of Medical Jurisprudence.

² Memorial de l'Expert, &c.

physical evidence ; seeing that deafness may exist without any obvious mark or trace of disease of the ear, or of any symptoms to distinguish a simulated from a real defect of the organ of hearing.

Deafness is frequently pretended by recruits, as also deserters, and other faulty individuals who find themselves in the provost guard. Artillery-men sometimes feign deafness, and obtain from its allegation all the advantages the real disease would afford, since the exercises of this corps actually produce the disease. It is occasionally assumed in our courts of justice, and, like myopia, is a common resource of society to avoid hearing anything unpleasant. It is also frequently pretended to excite commiseration.

Deafness is in general alleged to come on very rapidly, whereas the real disability takes place very gradually ; and, as in pretended blindness with regard to the organ of vision, so also the natural but involuntary language of the countenance generally evinces that the impostor continues to gain intelligence of what is going on around, through the organ of hearing. In Sir Walter Scott's *Peveril of the Peak*, there is a beautiful illustration of the manner of detecting the imposture, by exciting strong emotion, and watching its influence on the circulation. An instance of unsuspected imposture is given in the introduction to the same work, in which an occasion of great surprise elicited the truth.

A person who is really deaf speaks much louder than others, and than he was himself in the habit of doing when he had his hearing. Moreover, deafness cannot long be present without producing a peculiar cast of countenance. Isfordink says, that a really deaf man has a singular rough voice, and it may be observed that deaf people generally keep the mouth open in order to hear better. An impostor of this kind generally overacts his part, and alleges that he is quite deaf, which is a rare circumstance. At the very time that he appears a stranger to what is passing around, ne may be

detected in various ways, though generally either through accident, or by finesse. Thus he sometimes turns round when sharply called upon by name,—or when asleep,—or when one lets fall in his way some pieces of money.¹ It is to be remembered, however, that on suddenly rousing a man from sleep and putting him to trial before he has become collected, the momentary cerebral excitement may cause him to hear, and that when it is passed off he may become deaf again. So, also, with the acute sound of money falling on stones, it is to be borne in mind, that it is demonstrated, that some deaf persons hear acute sounds of a moderate intensity, without perceiving grave or louder sounds, and *vice versa*. Cheats often allow themselves to be surprised by the most simple questions, after having resisted the most difficult trials.² Ballard, says, that in his military practice he has seen a great number of such detections.³

These proofs, which have been able in some circumstances to discover the fraud, will generally fail if not immediately successful, because they become known. The cheat is often detected (when he does not assume complete deafness) by the interrogator gradually lowering his voice to a moderate tone,—the impostor continuing to answer questions thus put.⁴ It must be remembered, however, that a person who is not quite deaf will much more readily distinguish words distinctly articulated in a low tone than the same words pronounced in a loud tone, and not properly articulated. Deafness is sometimes detected by *finesse*.⁵ Thus a deserter who successfully simulated this affection, was brought before Foderé; who spoke to him in a low tone of voice, saying, “You cannot persuade me that you are deaf; but if you will confess the truth you shall have your

¹ e. g. Belloc, Cours de Méd. Lég., p. 252, also New York Med. Repos., vol. 17, p. 359.

² Vide Haller, vol. ii. p. 187. Jasser, chez Schmucker verm. Schr. 3, p. 114.

³ Principes de Médecine Légale.

⁴ Dict. des Sciences Méd., t. 51, p. 357, art. Simulation. Fallot, Memorial de l'Expert, etc., p. 228.

⁵ Marshall, Ed. Med. and Surg. Jour., vol. xxvi., p. 250.

discharge." To the astonishment of all, he answered, "very well, I am not deaf."¹ It was detected in one case by *fear*,² the individual crying out that he was not the man, when he heard himself ordered to be arrested for robbery and murder; as also in another case related by Bori, who caused some people to approach the individual during the night as if to rob him:—he shouted out. *Indignation* caused one man to speak,³ and *joy* produced the same result in another.⁴ Mr. Cunningham, of the 86th, cured two cases in eight or ten days by the antiphlogistic regimen and setons.⁵ Ambrose Paré proposes to detect it by communicating in the man's hearing some circumstances in which he is greatly interested, and noticing the effect of the intelligence upon his countenance, or upon his pulse. This method of acting on the feelings has often proved successful, and is, perhaps, when well executed, the most satisfactory means of arriving at a conclusion as to the existence of fraud. Paré has detected an impostor by making a sudden noise. Foderé also mentions several examples of soldiers who betrayed themselves on hearing a sudden noise. Dunlop detected a case by putting the man to sleep with opium, and firing a pistol near his ear, on which he started out of bed.⁶ The same experiment had been tried when he was awake, unsuccessfully; and Baron Percy observes, that, by exercise, some young men have so successfully affected deafness, that a fire of musketry exploding at their side could not draw from them the least mark of fear or surprise.⁷

Peas, beans, the pith of the juncus, &c., have been introduced into the external meatus to aid in the deception.⁸

We are furnished with a means of discovering the deafness which proceeds from *otitis*, by the diagnosis of the disease itself.

¹ Foderé, *Traité de Méd. Lég.*, vol. ii., p. 475. ² *Dict. des Sciences Méd.*, loc. cit.

³ Marshall on the Enlisting, etc., of Soldiers, p. 110. ⁴ Marshall, *lib. cit.* p. 111.

⁵ Vide Cheyne, *Dub. Hosp. Reports*, vol. iv. ⁶ Beck's *Medical Jurisprudence*, p. 17.

⁷ *Dict. des Sciences Méd.*, t. 51, loc. cit.

⁸ *Dict. des Sciences Méd.*, t. 52, loc. cit. Orfila, *Léçons de Méd. Lég.*, vol. i. Foderé, *Traité de Méd. Lég.*, vol. ii. Coche, de l'Operation Méd. du Recrutement.

But when the cause cannot be appreciated in any certain manner—that is to say, should one not recognise a true pathological state of the ear, a paralysis of the nerves of this organ, an affection of the brain, or a mechanical cause obstructing the transmission of the sonorous vibrations, in consequence of a disposition acquired or congenital—the individual ought scarcely to be recommended to be discharged. When there is much suspicion of fraud on the part of the patient, and when the meatus externus and the membrana tympani appear healthy, the surgeon may, if he please, have recourse to catheterism of the eustachian tube, in order to ascertain its permeability, and also to the injection of air into the internal ear, as recommended by Deleau, Kramer, and Cleland, for the purpose of ascertaining whether there is any collection of pus or mucus there. If the air-douche penetrates to the membrana tympani, and causes a sound attributed to a healthy state, the presumption of fraud is greatly increased. As these means are indicated in the real disease, for at once clearing our diagnosis, and if depending on collections of fluid for dispersing them, and thereby curing the disease, we are only following the proper course of treatment when we resort to them.

It ought to be remembered, that deafness may arise from a deep-seated abscess.¹

During the year 1818, there were thirty-six men discharged and placed on the pension list, in consequence of alleged deafness. I have not mentioned here the means which are often adopted to countenance the fraud—namely, the simulation or artificial excitement of purulent discharge from the ears; these will be found under the head of OTORRŒA.

APHONIA.

This is a disease which is stated by some authors to have been feigned, though I have only met with the record of one

¹ Vide Elkington, Surgeon to the Royals, in Cheyne Dub. Hosp. Rep., vol. vi. loc. cit.

case. I should think the simulation would be very easy, and the detection nearly correspondingly difficult. Coche states that the imitation of aphonia is easily recognised under all circumstances ; and that the aspect of the individual, the state of the pulse, of the respiration, of the movements, &c., always suffice to the experienced physician ; but Coche assumes a greater facility of diagnosis than almost any other author. It must be remembered that recent aphonia is an effect liable to disappear with the cause which has given rise to it. When the duration and origin of the disease are involved in doubt, it will be necessary to have recourse to the indications pointed out in the article DUMBNESS, particularly to the sound produced by the effort of sneezing.

The impostor may be suddenly awoke in his sleep, or placed in a room alone, and his fears excited, when he will probably betray himself by an involuntary exclamation.

As aphonia is very rarely, if ever, an idiopathic affection, we must endeavour to ascertain the cause of which it is symptomatic, and upon it base our opinion. This would be very different, according to the affection of which it was the consequence. Thus, it may proceed—

1. From tumefaction of the fauces and glottis.
2. Tumours of neighbouring parts compressing the trachea.
3. Mechanical division, or paralysis of the nerves distributed to the tongue and larynx.

In many instances aphonia precedes, or succeeds apoplexy, and its sudden occurrence in suspicious circumstances may give rise to unjust suspicions. Thus, Dr. J. Johnson relates a case, which exemplifies the necessity of not necessarily inferring deception from the sudden supervention of this affection. The captain of a vessel, to which he was attached, suddenly lost the power of speech just as they were going into action. He took him (Dr. J.) into the cabin, and wrote upon a slate, “Mr. Johnson, I cannot utter one word.” He had a very imperfect power over the motion of his tongue ; he was on the verge of

apoplexy; bleeding was immediately resorted to, and in two hours he recovered his speech.¹

Aphonia, in some instances, may depend on relaxation of the vocal cords. For the most part, however, it is a modification of hysteria.

I was once deceived by a person who represented himself as a decayed medical man, and who solicited charity from me in a voice so like that arising from a laryngeal affection, which, as well as a liability to pulmonary hæmorrhage, he represented himself to labour under, that I readily assisted him. His imitation was so very perfect, that I am convinced he would readily have deceived any observer whose suspicions had not been aroused.

DUMBNESS

is not unfrequently pretended, and sometimes successfully, in the naval and military services. It is a very common imposture among mendicants, who continue its pretension for a length of time with great obstinacy. Several examples of which have been related to me by the officers of the Mendicity Society, and one is recorded in the "Sketches of London."²

When this affection depends upon paralysis of the nerves of the tongue, it is slender and emaciated, and with difficulty is projected from the mouth, or reflected towards the palate and throat for deglutition. On examination, its motions are impaired, and it appears as if drawn together and collected into the shape of a ball. Though a loss of power of articulation sometimes exists without the least impairment of the motions of the tongue, if the loss be recent. When it depends upon paralysis of the larynx, derangement of function is not less conspicuous; it is impossible to hear any sound except upon coughing, which gives a sort of hissing or croaking noise. If we squeeze the throat to excite a cough, there is a movement made in the chest, com-

¹ Lancet, No. 9, vol. ii., p. 308, 1838.

² Published by Orr and Co., 1838.

municated to the larynx, but the species of noise which results can scarcely be called sonorous. Sneezing, excited by the sudden exposure of the eyes to the sun, or the insufflation of an errhine, will be attended by the same result.

If a sonorous sound, therefore, is produced by either of these means, there are very plausible reasons for believing in the existence of fraud.

In ordinary cases of paralysis, when loss of speech takes place, it can be seen that the patient is unable to move the tongue freely; that deglutition is difficult, and takes a long time; and that, from the paralysis affecting the muscles of the cheek and pharynx, the saliva issues from the mouth, and the patient, in short, slavers incessantly. Such an instance is given in the previous article.

Some cheats know how to turn the tip of the tongue into the throat, so as completely to simulate the mutilation of the organ, and consequently the impossibility of uttering articulate sounds; sometimes the exposed portion is scratched with a stick so as to make it bleed; the better to imitate the appearance of the stump of a tongue.¹ It is necessary to employ the hand to assure ourselves of the truth in such cases. Such a case is related by Fidelis,² another by Fielitz.³ The ingestion of some stupifying substances, as certain of the solanææ,⁴ datura stramonium,⁵ &c., may occasion a temporary dumbness; but this temporary provocation is discovered, and the fraud detected, by isolating the individual. Coche says, that it is ordinarily simulated with so much mal-address, that it is generally detected at the first examination; but the fact of Baron Percy being foiled in discovering an impostor, shows the ease with which the affection may be assumed.⁶

¹ An Apology for the life of Mr. Bamfylde Moore Carew, 9th ed. 1775, p. 322.

² t. c., tom. ii., sect. ii., ch. iv.

³ Annal der Staazarz, i., p. 153.

⁴ Coche, de l'Operation Méd. du Recrutement, p. 150.

⁵ Dict. des Sciences. Méd., art. Simulation. t. 51, p. 346; also Orfila, Légons de Médecine Légale, vol. i., p. 404.

⁶ Dict. des Sciences, Med., t. 51, p. 346. The authors there relate the case of a man's success in obtaining his discharge after resisting the moxa, electricity, and a variety of other means.

The *detection* ought not to be difficult, *though it may be hard to make the simulator give in*. If a person has acquired the habit of speech, and can move his tongue, he is certainly an impostor, should he pretend to be dumb.¹ Percy and Laurent state that every mute who pushes out his tongue and moves it, if he is not deaf, is an impostor. For further remarks on this head see next article.

DEAF-DUMBNESS

is occasionally simulated for a long time without detection. To illustrate the truth of this assertion, we may refer to cases by Marshall,² and more particularly to the case of Victor Foy, or Trouvenait, whose remarkable ingenuity resisted for four years an infinity of investigations by the most scientific men in France, Germany, Switzerland, Spain, and Italy, but whom the Abbé Sicard afterwards detected by his writing as he heard, not as he saw.³

This case, however, would not have been detected, had he not foolishly stated himself to be an élève of the Abbé Sicard.

He was put to the most trying proofs, he was tempted by a young and beautiful woman, who offered him her hand, but without effect. In the prison at Rochelle, the turnkey was ordered to sleep with him, to watch, and never to quit him. He was repeatedly violently awakened, but his fright was expressed by a plaintive noise, and in his dreams guttural sounds alone were heard. The hundred prisoners who were all ordered to detect him if possible, could discover nothing from which they could imagine deceit. The following extracts will serve as a specimen of his writing and afford an illustration of the ingenious manner in which he was detected.—“*Je jur de*

¹ Marshall, Ed. Med. and Surg. Jour., vol. xxvi., also Percy and Laurent. Dict. des Sciences Méd., ut. cit. Cyclopædia of Practical Medicine, vol. ii., p. 140. See also Dr. J. Johnson, Jour. No. 9, vol. i., 1838, p. 308.

² Ed. Med. and Surg. Jour., vol xxvi., p. 250 ; and Cheyne, Dublin Hosp. Reports, vol. iv., p. 144.

³ Foderé, Traité de Méd. Légale, vol. ii., pp. 478, 479.

vandieux ; ma mer et né en nautriche ; quhonduit (pour conduit) ; essepoise (pour espoir) ; torre (pour tort) ; ru S. Honoret ; jai tas present (pour j'étais présent) ; jean porte en core les marque (pour j'en porte encore les marques)."

It will be observed that in this letter Victor uses *q* instead of *c* ; and from this Sicard inferred that he had heard and knew that the sound of these gutturals was similar.

Notice may also be taken of a pretended deaf and dumb person, who by his imposition deceived the Abbé de l'Epée, and a commission of the Chatelet, and called himself the son of Count de Solar. In the preface to "Peveril of the Peak" is given a good instance of a woman who maintained the character of a surd-mute for three or four years, who was once excited so as distinctly to articulate, yet relapsed again into her former habit, which she was pleased to maintain for a considerable time. The imaginary character of Fenella in Waverley, is defective, in so far as she is depicted as marking time with great accuracy, which she could not have done had she been deaf as well as dumb. Those who pretend to be deaf and dumb have a very arduous task to play, and require a degree of art and perseverance which few are possessed of ; and such as are really in that unhappy situation acquire a physiognomy and certain gestures, which it is difficult to assume, and almost impossible to prepare for every examination that may be made. Foderé states, that in reviewing the instances of those pretending deaf-dumbness, women have been the most successful simulators. The greatest talkers being the best mutes.

It is not uncommon for soldiers to pretend that they have been suddenly struck deaf and dumb, while all the faculties of the mind continue unimpaired. All those that Dr. Cheyne has seen were impostors.

The voice may be lost in some nervous affections, but the hearing remains unimpaired. The hearing may be destroyed

by various causes,—generally by disease of the internal ear ; but in such cases the power of speech is unimpaired. That the power of those nerves which supply the organs of speech and hearing should be destroyed, while there exist no other symptoms of disease of the nervous system—while the tongue and organ of the voice retain their muscular power—is utterly incredible ; and yet this description of imposture is maintained with unyielding obstinacy. Generally, impostors of this class possess a stubbornness and perseverance in carrying out their plans, surpassing all belief.¹ Yet a peculiar expression of countenance, and a peculiar rough voice, characterize the deaf man. The practice of this species of fraud rests upon a vulgar error. Persons who are born deaf, are said to be deaf and dumb ; and hence it is supposed by the unreflecting, that the loss of the sense of hearing necessarily draws along with it the loss of the faculty of speech.

The impostor frequently forgets himself during sleep, when any one calls him by name. He endeavours to escape from danger when there is a great noise.

Discharge from the ears simulated for the purpose of corroborating the fraud, often proves to be a mixture of stinking eggs and rotten cheese, &c. (*Vide* OTORRHOEA.)

The dumb man, when he is attacked at night, as if by a murderer, forgets his part in defending himself, and cries out ; whereas he ought merely to give a kind of screech. Extreme pain often entices from him articulate tones,²—though Cheyne mentions the case of a man pretending this complaint, who was shot in the ear by an awkward recruit, yet did not forget himself, and only expressed pain and consternation by a variety of motions and contortions. This man exhibited this disability for no less a period than five years, and only recovered his speech when he was discharged from

¹ Isfordink, *Militarische Gesundheit-Polezei*.

² Hempel, *Manual of Kriegs Hygiène*. Gottingen.

the service.¹—Very frequently the deaf hear, and the dumb speak, when an operation threatens them. This, however, was not the case with a seaman on board the *Utile* frigate, who pretended to be deaf and dumb. The surgeon, appearing to be deceived by him, made very formal and ostentatious preparations for an operation upon his throat, and while his attention was thereby engaged, he applied a lighted candle to the man's fingers. He resisted this test, however, and represented his case to the Admiralty, who caused the surgeon to be dismissed his ship for cruel, or at least unprofessional treatment of his patient. The person afterwards finding that the deceit was productive of no advantage, gave in.²—This man was of a very different temper from the simpleton of whom Parr speaks:—"How long have you been dumb, my good friend?" says a passenger, with the most insidious humanity. "Three weeks, Sir!" replied the incautious deceiver.³ Foderé says, that a good way to detect pretended deaf-dumbness, is to say something deeply interesting to the patient in his presence, and mark the effect it produces on his countenance. Sir Walter Scott illustrates this admirably in "*Peveril of the Peak*," where Fenella betrays herself on hearing that Julian is assassinated.

Though the detection of a pretension of this kind ought not to be difficult, great difficulty is frequently experienced in the endeavour to make the simulator give in. Perhaps the best mode of making an impostor return to his duty is to place him in solitary confinement, and on low diet. This treatment has often succeeded, after the failure of all other means; as in the case of a private of the 7th dragoon guards, who persevered for fifteen or eighteen months in his imposture.⁴ The other means of detecting this pretended complaint are mentioned under the heads of DEAFNESS and DUMBNESS.

¹ Dublin Hosp. Reports, vol. iv., p. 144. ² Cyclopædia of Pract. Medicine, p. 140.

³ Parr's Medical Dictionary. ⁴ Marshall's Hints, etc., p. 156.

STAMMERING,

Barylalia, laborious utterance, balbuties, stuttering. In common use stammering is applied to every kind and degree of difficulty of speech, but its acceptance is much more restricted in its relations to military medico-legal reports and examinations. It only comprehends those cases in which the difficulty of speech is carried to such an extent, as to expose those who labour under it to compromise the safety of the post, which has been entrusted to their keeping, by hindering them from crying out, "Who goes there?" or returning promptly the countersign which has been given to them.¹ This should be well understood by the military surgeon, that he may not consider as a sufficient ground for exemption every defect of speech.

The simulation of this infirmity is very easy, and comes too much within the power of every man's abilities not to be very common. If we are to believe it real in all those who avail themselves of it, we must conclude it to be one of the most common infirmities of the human species. Recruits sometimes simulate it for the purpose of being rejected, and owing to the difficulties of detection they are frequently successful, if they have determination enough to persevere for some time. Marshall states that as stammering often exists where there is no apparent deformity of the organs of sound, if a recruit persist in stammering he will have a considerable prospect of success.

Simulators of this defect commonly state that it is congenital, but the more artful ascribe it to a fit of apoplexy, or a severe fever.

It is almost impossible to determine at one examination as to reality of its existence. At no great distance of time its cause was sought, and now is by some, in increased size and length of the tongue, in a vicious development of the inferior incisor teeth, in congenital cleft palate, in enlarged tonsils, or

¹ Fallot, *Memorial de l'Expert*, p. ii., 54.

an unoffending but relaxed uvula. A great importance has been attached to an inspection of these parts, which have suffered all kinds of mutilation in the late monomania for curing stammering by operation, and which has partaken more of the character of quackery than of well directed scientific treatment. But, without pretending that such permanent physical deviations may not be obstacles to distinctness of pronunciation, and are not worthy, consequently, of being investigated; there is reason to believe, from recent researches, that in the great majority of cases, there is no difference to be found between the organs of sound in those who stammer, and those who do not.— This, which was formerly the rule, may now be safely assumed to be the exception. Coche adheres to the doctrine that, in cases of stammering, the physician is authorised to believe simulation when the vocal organs are well formed, especially when the volume of the tongue is not increased in size, or the length of its apex inordinate.¹ When stammering does arise, (which is very rare indeed,) from the want, or faulty distribution of several teeth, exemption or discharge will be grounded on this disposition rather than upon the stammering: it is then the number of the teeth wanting, or the impossibility of remedying their false direction, which it is necessary to consider. When stammering does not depend upon loss or mal-placement of several teeth, or when it cannot be attributed to a vicious state of any of the vocal organs, or to a diminution of mobility, the consequence of an attack of apoplexy or fever of bad character; it would be necessary that this state were proved by testimony the most authentic and the most worthy of faith. When the affection is neither thus indicated or attested, it is best to send the stammerer to an hospital, to be there placed under observation.

The best means of recognising the fraud, is to cause the stammerer to be closely observed every hour of the day, during his occupations, his games, at his waking; to cause him to be

¹ De l'Operation Médicale du Recrutement, p 193.

addressed by those whom he does not mistrust, and to repeat these proofs frequently before coming to any decision. There are, in reality, too many varieties of stammering for us to be able to draw a rational conclusion from one circumstance.

One stammers more before strangers—in another strangers arrest the stammer; one stammers in reading—another reads without stammering. We generally remark, and it is a fact from which Fallot has often drawn the most happy results in simulations, that stammerers generally hesitate little or not at all in repeating that which they know by heart, and scarcely at all in singing. He puts men to these proofs, and if they refuse, as, for example, to say their prayers; or else, if submitting, they strengthen their case by grimaces, distortions, or suffocative efforts, which almost always happen with simulators little aware of their signification; he taxes them with fraud, and has never yet been deceived.

When the organs of speech are perfect, and the moral evidence of the disease *not satisfactory*, I would agree with the French authorities, in detecting such cases, by confining them without food till they called for it without any hesitation of speech.¹

A case occurred in 1826-7 at Chatham, where the impediment of speech was presumed to be feigned, but resisted electricity, the shower bath, &c. Some medical officers were of opinion, that though the defect might have originally been feigned, it had become, by practice, involuntary. Dr. Fallot very cleverly detected a conscript who feigned hesitation of speech. In consequence of violent contortions of the muscles of the face when he began to speak, he was suspected of being an impostor—in fact, he over-acted his part: fearing that stammering was not likely to effect his purpose, he pointed out a small goitre, which he had, as an additional reason for his exemption. Dr. Fallot assumed a serious countenance, and observed to another medical officer, that, as the tumour was a large aneurism, it disqualified the conscript for the army, and

¹ Percy and Laurent, Dict. des Sciences Méd., t. ij. Orfila, Légons de Méd. Lég.

proceeded, apparently, to make out the certificate of his unfitness to serve: the man was delighted, forgot to stammer, and thus betrayed himself.¹

INSENSIBILITY,

in one or other of the forms under which it presents itself, in different diseases and injuries, has been frequently simulated with the best success ; and even when the feigned insensibility has borne no relation to any of its actual causes, it has obtained for the simulator the object or immunity desired.

Cases are continually occurring, where alleged injuries which have never been inflicted, or which have only been of a trivial character, have been pretended to be the cause of more or less insensibility, for the purpose of either extorting money, throwing obloquy, or entailing punishment on the real or pretended agent ; and not unfrequently it has been pretended to conceal an active agency in criminal deeds, and to induce a belief that the actor himself has been the sufferer of another's violence.

The nature and degree of the insensibility pretended is very various, and partakes of the character of a variety of diseases ; not unfrequently several symptoms are feigned, which are usually found in dissimilar affections.

The reality of a state of insensibility, the result of whatever alleged cause, will be judged of by the presence or absence of the signs characteristic of the affection. Thus, the insensibility may arise from compression, or concussion of the brain ; from asphyxia, or syncope, or else from numerous organic changes occurring within the head ; from insanity, erysipelas, epilepsy, hysterical coma, apoplexy, catalepsy, or cataleptic extasy ; from exhaustion ; from suppression or retention of urine ; from metastasis, narcotics, &c. It may exhibit the characters of coma vigil, lethargy, coma, (cataphora,) or carus.

Perhaps the easiest and clearest method of showing the importance of this subject, will be succinctly to analyse and lay

¹ Memorial de l'Expert. p. 257.

before the reader, the "Arguments" proposed by Dr. Lynch, on the occasion of the trial of Bolam, for the murder of Millie.¹ Bolam was found in a pretended state of insensibility by certain parties in a Savings Bank, to which both he and the murdered man belonged. An attempt had been made to fire the place. Bolam in order to explain the state of insensibility in which he was found, stated before the Coroner, "The man struck me a blow both on my right side and on my left." . . . "I have no recollection of anything that took place, *until* I felt the smell of burning. My right temple is swelled from the blows I received. Up to the time I received the blows on my sides I was sensible; I do not know what time it was. When I came to my senses I felt the smell of smoke." And to other witnesses:—"I received a blow on my temple, which knocked me down; after a short time, or almost immediately, I got up again, and ran towards the window, shouting murder, when the man followed me, and struck me a second time; I fell in consequence of the blow, and when I was down I felt the man cutting at my neck; when I was down the man struck me severely on both my sides, and I became insensible for a while, but afterwards my recollection seemed to return, and I heard somebody in the outer office, as I suppose, going about, and making a noise. I dared not make the least outcry, for fear he should come to me again; I again became insensible."

Insensibility must have proceeded from some of the following causes :—

Possible :—

1. Compression of the brain. 2. Concussion of the brain.
3. Asphyxia. 4. Syncope.

Possible, but improbable :—

5. Epilepsy. 6. Hysterical coma. 7. Apoplexy. 8. Catalepsy.
9. Cataleptic extasy.

¹ Medical Arguments in the case of the Queen versus Bolam, tried at Newcastle, July 29, 1838; drawn up for the use of the Solicitor and Counsel for the Prosecution. *Lancet*, August 17, 1839.

Although the first four states may possibly have occurred, it will be shown that there is a very great probability that none of these states did occur, and that it is still more improbable that any of the five remaining states could have occurred.

In reference to the first statement, it is to be remarked, that in *concussion*, insensibility is the immediate effect of the blow, and follows instantaneously; except in some very rare cases, where lethargy comes on a considerable time after the shock, an interval of consciousness having intervened. This may arise from; firstly, extravasation of blood, causing compression; secondly, from congestion: the symptoms being those of compression or apoplexy. Therefore, he could not possibly have "felt the man cutting at his neck."

Concussion of a much slighter nature than would be sufficient to produce five hours' insensibility, would, almost certainly, produce complete deafness.

If aroused from such a state, so as to present the appearance of a person awake, the person could have no memory of anything which occurred during that *apparent state of wakefulness*; which, besides, could not be produced, excepting by a very *loud* noise.

Certain symptoms would manifest themselves after the recovery of consciousness—for instance, acceleration of the pulse upon the slightest exertion, or upon change of position from the horizontal to the erect posture.

The mental faculties would most probably be weakened, and a *coherent account of any transaction* could not be given within a few hours.

Reaction, probably inflammation of the brain, would almost certainly ensue upon even a less degree of concussion than would produce five hours' insensibility. The absence of remedial agents would, of course, render such consequences still more probable; such re-action would most probably take place between the period of recovery of consciousness and the thirteenth day after the receipt of the injury.

It is *very improbable* that even a slight concussion should be produced by the fist, or a hard instrument, without leaving the *marks of a contusion*.

The symptoms of *compression* of the brain almost certainly continue during *several days*; and it is characterised by loss of sensation, thought, and voluntary motion, most probably by a slow pulse and stertorous breathing. The facts stated, with regard to the memory, duration of insensibility, and the occurrence of re-action in concussion, apply, *à fortiori*, to compression.

There were no causes adequate to the production of *asphyxia*. *Syncope* is rare in men, and denotes a highly nervous temperament—and never occurs in an aggravated form. Five hours' syncope, rarely, if ever occurs, even in females. The horizontal posture almost always removes syncope in a few minutes; and it is most improbable that any one could remain in a state of uninterrupted syncope for eight hours.

The medical evidence, as applied to the second statement, with reference to *concussion and compression*, lead us to infer that if he *did* receive a concussion, it must have been a very slight one. Because,

There were no signs, or very obscure ones, of contusion.

There was no diminution of intellectual power soon after he was found.

There was at no time any re-action.

There was no complete loss of memory during the night of the murder.

The insensibility characterising it would have been of very short duration, *and not likely to return*; and if it did return, it is not probable he could have recollected what occurred during the intervals. The recurring insensibility can, therefore, be explained by no other means than *syncope*. But that cause is very improbable. Because,

The prisoner exhibited great firmness at the inquest.

The causes to produce syncope were inadequate ; and had they been adequate, still, recurring syncope is highly improbable.

The horizontal position would have prevented or cured the syncope.

Had insensibility from syncope so frequently occurred, it is *probable* that the same kind of insensibility would have been present when he was found ; but pulsation at the wrist could be *distinctly* felt, and he looked straight up in the face of the parties, which is conclusive evidence that syncope did not then exist.

Asphyxia.—It is not improbable that the prisoner was in this state when first discovered, but certainly not to the full extent described. Because,

He was only affected with a moderate degree of suffocative distress.

He did not progressively recover, as he should have done, on being taken to a purer atmosphere.

He made voluntary efforts at deglutition.

The *apparent* convulsions of the body and limbs were not accompanied by any distortion of the face or eyes, and because they ceased when he was laid on a table. (Vide EPILEPSY.)

The reasoning with regard to the other *improbable causes*, is not different in any particular from the directions given under the separate articles in the present essay, and need not, therefore, be dwelt upon. But the necessary inference from the foregoing train of reasoning is, that the story was false, and the condition was feigned.

COMA VIGIL,

is an affection which is extremely unlikely to be feigned, because its simulation would require a degree of knowledge and observation which can only be acquired by those whose object it is to study the nature of the affection.

The natural sleep which would overtake the simulator ; the

absence of loud muttering delirium, or unconnected talk; of unnatural action of the hands or fingers; of a pale sick countenance; of the open staring eye upon slight disturbance; or of sudden startings, and of some difficulty of speech, and of swallowing liquids, would lay bare the deception.

Profound Coma or Carus is also unlikely to be feigned, though less so than the preceding variety. Its simulation would be exposed by the quiet natural sleep of the pretender, and by the voluntary motions during sleep, which, by experiment he may be incited to, by the sopor not being so profound as in the real affection; by the continuance of the power of motion and sensation, (though some degree of sensibility may remain); and probably by the evacuations not being entirely passed unconsciously, but some kind of warning being given to the attendants to draw their attention to the same.

Lethargy and Coma Somnolentum—are more easily feigned; in several instances they have been assumed by the sturdy impostor.¹ Lethargy is a slighter grade of coma somnolentum or carus, but varies from the latter, and apoplexy, in the frequent relaxation of the muscles of the lower jaw.

In military life, persons occasionally allege that they are unable to undergo any fatigue, and sometimes that they are incapable of muscular motion, on account of a continued and irresistible tendency to sleep. The patient is generally constantly in bed, retaining that posture in which his limbs are placed, or may happen to fall; his great aim is to appear unconscious of the external world. The interesting case related by Dr. Hennen, must be considered as a master-piece of imposition.² The experiments, which are there related, and which must be familiar to every military surgeon, would probably answer well in other similar cases.

The difficulty and importance of a correct discrimination of this state, may be exemplified by reference to two cases. In the first, the impostor's fortitude and determination could not

¹ Marshall, Ed. and Med. Surg. Jour., vol. iv. ² Hennen's Prin. of Mil. Surg., p. 458;

be surpassed, and could only be equalled by his success. In the second, very unhappy consequences ensued, by the true state of the affection not being diagnosticated. Phineas Adams, ætat. 18, a soldier in the Militia, lay in a state of apparent insensibility from the 2nd of April till the 8th of July, 1811, and resisted every means which it was deemed advisable to have recourse to for rousing him : such as, thrusting snuff up the nostrils, electric shocks, powerful medicines, thrusting pins under his finger nails. A suspicion being entertained that the sopor was the consequence of an injury, the scalp was divided to ascertain the existence of depression, and the bone even scraped ! Yet no complaint was made, but one groan being uttered when the last named step of the operation was performed. The case was viewed as hopeless, and the man was dismissed. Two days after he was seen assisting his father to thatch a rick. Dr. Copland in this case reasonably inquires, why a depression of the skull should be hunted out by such means, and why such serious steps should be resorted to before tolerable signs of its existence presented themselves ?¹

In the second case, a servant, on receiving a trifling injury from her master, a clergyman, ran to the door, said she had been almost murdered, and to add strength to her assertion, pretended to fall into an epileptic fit. She was carried as one expiring to an hospital, and lay for ten or twelve days, without showing the least sign of sense or recollection. The clergyman and his wife were dragged to gaol—popular indignation ran high, and his property was destroyed ; terror, and shame of such a public exposure, brought on an illness which placed his life in imminent danger, and greatly injured his fortune. Mr. Dean, on being called in to consultation, soon detected the imposture, and the woman almost immediately disappeared.

It is fortunate that the means of detecting the feigned dis-

¹ The case is fully detailed in the *Edin. An. Register*, vol. iv., p. 149.

ease, and the treatment of the real affection coincide, and are those which are least supportable by an impostor. Thus Ballard relates a feigned comatose state which was cured by the application of two large vesicatories;¹ and Dr. Gordon Smith mentions the case of a soldier who feigned a state of insensibility, and resisted for months every kind of treatment, even the shower bath and electricity; but on proposing, in his hearing, to apply a red hot iron, his pulse rose, and amendment rapidly followed.² Dr. James Johnston says he detected the imposture of this man on the day of his landing, by attempting to introduce a piece of aloes into his mouth: he felt the resistance of the antagonist muscles.³ So well did this man acquit himself, that many of the medical men, were then, and still are of opinion, that the disease was real. Dr. Dunlop, who attended him at Hillsea—along with Dr. Hennen and Dr. Knox, now of Edinburgh—and who had the immediate charge of him, states, that from every thing he saw, and from many experiments he made, he had not the slightest doubt that he was an impostor.⁴ Dr. Knox has expressed himself to me as being satisfied that the individual was simulating; he informed me that he distinctly saw a half-penny carried forward by the contraction of the corrugator supercilii.

In Dr. Hennen's case the *approach* (not the touch) of a hot iron caused abundant marks of sensibility.

The cause of which the coma is the sequence will require careful investigation, as the characters which present themselves vary considerably according to its nature, and our differential diagnosis, as well as treatment, must be based on it.

The diagnosis, however, in these affections, is sometimes involved in great obscurity, and in sudden attacks of coma is often a source of great perplexity. We have to ascertain

¹ Principes de Médecine Légale, p. 463.

² Principles of Forensic Medicine, p. 471. Edinburgh Annual Register, vol. ix., pt. 2, p. 49.

³ Medico-Chirurg. Review, vol. iv., p. 598.

⁴ Dunlop, Beck, Medical Jurisprudence, p. 18.

whether it arise from any of the causes of cerebral pressure, or from a torpid state of the nervous energy of the brain ; and for correct information on this point, we have to look to the state of the circulation and respiration, of the temperature and sensibility of the surface of the body and of the extremities, and to the health of the patient previous to the attack. In coma the sensibility of the pupils is more or less diminished, and in general they are dilated. In cases of sudden falling asleep, we must look for the causes of somnolency.

The difficulty of forming a differential diagnosis in cases of feigned somnolency, may be inferred from the irresistible desire to sleep being a real disease, which may originate without any obvious cause, as a symptom of other diseases ; or from external, perhaps, imperceptible injury ; though it is seldom, or never unconnected with some cause of exhaustion, operating chiefly on the nervous system ; or with antecedent signs of mental and physical debility, particularly defect of memory, hesitation of speech, remarkable languor, &c. Persons whose minds are alienated will frequently remain in bed for weeks together, in a semicomatose state, resisting every argument and entreaty. These facts, and the following cases of real somnolency, will teach the medical officer to be extremely cautious in pronouncing any such apparent affection to be simulated.

The case, related by Rudolphi, of a book-binder, at Milan, who was affected with a curious sort of sleepiness, resembling intoxication.

The case related by Dr. Cheyne,¹ of a strong and active hussar, who was affected with somnolence, listlessness, and inattention, who was discharged as a skulker, but who died shortly after ; when, on dissection, two medullary tumours were discovered in his brain.

A case nearly similar which occurred to Dr. Graham, in

¹ Dub. Hosp. Rep., vol. iv., p. 138.

the Royal Infirmary, Edinburgh, in 1835, while I was clinical clerk. The patient likewise being considered by him as feigning, yet who, on dissection, shewed tumours in the brain.

The case related¹ of a seaman, who fell from a height, became soporose, was suspected of feigning, yet invalided, and successfully operated on by Mr. Cline, for a depressed portion of the cranium.

And another case mentioned by Copland, in which no cause but exhaustion of nervous and cerebral power could be assigned for the disease.

A case related in the article CATALEPSY, *Cyclopædia of Pract. Med.*, of a woman who was seized, for some years, with a rigid contraction of all the muscles of the body, and such a profound sleep, that nothing could wake her; she remained thus from sunrise to sunset, and then recovered, and continued awake all night, but relapsed again into the same state every morning.

SOMNAMBULISM.

This malady may be simulated; 1st, to execute, under its pretext, that which could not or dared not to be done otherwise; 2nd, to avoid the punishment due to an action done apparently during an accession; 3rd, in military life, to obtain a discharge; and 4th, in civil life, to excite charity; it may be simulated, by those who have at other times experienced its attacks, or by those who never have. The difference in the difficulty of proof as to detection is not so great as might at first be apprehended, seeing that, as the mind, in the interval, is generally unconscious of what takes place during a paroxysm, the somnambulist possesses but little advantage over others, from his experience, in feigning this affection. It must be admitted, however, that established previous attacks furnish a presumption in favour of its reality in doubtful

¹ Cooper's Lectures, by Tyrrell, vol. i., p. 312.

cases, and diminish the strength of the evidence which it requires for its proof. Weickard relates, that a soldier who gave himself out for a somnambulist, jumped about upon trees and walls, with his eyes closed, and that he continued this trick until he obtained his discharge.

When one of the fore-mentioned causes of simulation does not exist, we ought nevertheless to suspect a man, apparently labouring under this disease, as in general men are ashamed and distressed by having a disease which places them under the charge of others. When a somnambulist feigns a paroxysm which is witnessed by others who are capable of describing minutely what they see, a comparison of his conversation and acts with those observed in the usual paroxysm may furnish us with a clue to the real nature of the acts imputed to him; for it is scarcely possible that, if feigning, he will not be caught tripping in some of his manœuvres.¹ If there be cause for suspicion, that a somnambulist is only simulating the disease, the case may be cleared up by the following signs. The phenomena of somnambulism attest that the individual sleeps during an accession; since, he has his senses closed to impressions from certain objects, the same as in profound sleep, but that he perceives, as when awake, other objects of greater interest to him, provided always that the sense of sight be not necessary; besides, he appears to have greater command over the voluntary movements of his body than when awake, since he executes some of these movements with much more address and precision than when awake. Somnambulism supposes in an individual, more development of memory than of imagination, for this last would expose him to frequent errors in his actions. It is thought that this disease rarely affects persons above forty years of age. When these signs repel all idea of simulation, they put it beyond doubt;—if the person executes during an accession, acts which a man would not dare to do when awake, unless he

¹ Prichard, *Cyclop. Pract. Med.*, vol. iv., p. 21.

had been particularly exercised in them, and when there is no reason to suppose he conceals his address when awake. I do not wish to enlarge too much on somnambulism, but will be content with relating a few facts which may throw light upon this state. Every one knows, for example, that the greater number of somnambulists have, during the accession, the eyes fixed, and the eye-lids closed, in a manner somewhat spasmodic; it is known also, that they do not hear great noises; for instance, the report of a pistol fired close to the ear; or, at least, they have not the appearance of observing it; whilst calling them by their name renders them attentive, sometimes even so embarrasses them, that it makes them fail in the actions they were about to accomplish. The same effect results from noises excited by familiar objects, such as the bark of dogs with whom they are familiarised. These phenomena prove that there are certain objects which the somnambulist does not perceive during an accession, while others are perceived as well as if he were awake; this explains how he can sustain shorter or longer conversations. A somnambulist is, in fact, a dreamer who is able to act his dreams.¹

There are instances of somnambulists who, during an accession, swam moats, escaladed walls, and jumped about on trees, with an assurance that they did not possess when awake. See the work of Maas, and the German translation of Muratori, by Richerz, for remarks on this subject.²

A remarkable example of feigned somnambulism is related by Richerz and Krüza. A rope-maker, twenty-three years of age, was often attacked with a profound sleep, in the middle of his occupation, whether seated, standing, or walking; he then knit his brows, gradually closed his eye-lids, and began to repeat every thing which he had done during the day, from his morning prayer up to the time of the accession; for example, he simulated the movements of a man who puts on

¹ Ray's Medical Jurisprudence of Insanity, p. 358.

² L. A. Muratori, della forza Fantasia Umana. Venez. 1766.

his stockings and shoes, cleans his dress, &c. If the sleep overtook him whilst walking in the country, he pursued his journey with as much assurance as if he had been awake, avoided persons and objects which could have hurt him, &c. The story is reported, with these circumstances, and even others, without any suspicion of the fraud. Now two circumstances alone among these would have caused suspicion, The first is, that the man repeated, in his pretended accession, all that he had done during the day; a circumstance contrary to that which is observed in true somnambulists, who only execute, in the accession, those things which they have premeditated, or, which have previously strongly occupied their thoughts. The second is, that this young man played a double game; he repeated that which he had done from the first part of the day up to the period of the accession, then continued that which he was about to do when the accession overtook him. The trick was finally discovered. The man professed himself cured, when a physician, charged with his examination, proposed to bandage his eyes, to ascertain if he was still able in that state to execute actions which hitherto had excited so much surprise.

It is not impossible that an accession should be simulated during the intervals of the real disease, as is proved by several recorded cases;¹ the solution of the problem then becomes more difficult, as we have rarely an opportunity of observing a somnambulist with all the care necessary, both before, during, and after a paroxysm. The burden of the proof of his mental condition must then rest on his own testimony, and the circumstances of the case. If he fail to establish it satisfactorily he must suffer the consequences; for the plea of somnambulism imperfectly, or at best but plausibly proved, would soon become a favourite excuse for crime, whenever the culprit possessed the address requisite to maintain the decep-

¹ See the works of Muratori. Huzer also reports several cases of the same kind. Vide Hoffbauer's *Médecine Légale*, &c. p. 175.

tion. The nature of the criminal act itself should claim a prominent place among the proofs necessary to establish the defence. If there be no motive, and the known character and disposition of the accused be opposed to the act itself, the presumption is strongly in favour of the reality of the affection.

It is not likely that any person would simulate the state which is intermediate between sleeping and waking, for the commission of a crime; or that he would allege it to remove from himself the responsibility of the act: since such a fraud would require much art, and would hardly be believed, and because the pretender could not easily be so circumstanced, that its simulation could lead to any favourable result. This last reason also renders it very difficult to maintain a similar allegation after the commission of the crime. In Chamberon's notes to Hoffbauer,¹ a case is related where a man, when pretending to be asleep, inflicted several wounds upon himself, for the purpose of criminating a person who slept with him. It was with great difficulty that the fraud was discovered. If, nevertheless, there is reason to suspect simulation, or a false allegation, it is necessary to inquire as to the character of the individual who is suspected, to ascertain the interest he could have in the action; and to investigate the other circumstances which may tend to enlighten the mind of the examiner.

VERTIGO. CEPHALALGIA.

Cheyne states that he has frequently seen vertigo, and also headach, complained of when he did not believe them to exist. There is no doubt that both these affections are common pretexts; and that when really existing, an intensity and undue degree of importance are frequently attached to them by many who desire, or are accustomed to exaggerate their ailments, or by those who are hysterical or hypochondriacal. Dr. Copland

¹ Médecine Légale, p. 258.

observes, with much truth, that there is no disorder which tries the science, experience, power of observation, and acumen of a physician, more than this, or that requires a more precise estimate of the pathological conditions on which it depends.¹ Hence the difficulty of detecting feigned cases, where the individual has previously suffered from the affection, will be manifest. I am in possession of the case of a soldier, who for a long time asserted that he had a severe headach, but who was nevertheless always declared free from it by the surgeon, a highly intelligent officer. On dissection the surface of the brain was found ulcerated.

When called to a person said to be suffering from a severe headach, we are led to inquire as to the *causes* and *seat* of pain, and as to its *nature*. But these are amongst the most difficult points to determine in practical medicine. The *causes* are most numerous and diversified, yet have a more or less intimate relation to the kind or form of the pain that results. The *seat* of the pain is determined with great difficulty, and sometimes cannot be ascertained. The *nature* of the pain is more easy to determine than the seat of it. The kind of pain especially should be inquired into with the utmost precision; also its severity, its character, the state of the senses, and of the general sensibility, the temperature of the scalp, &c., as well as the mode of its accession and subsidence; its duration, remissions, and exacerbations; the circumstances alleviating or aggravating it; its extent and situation, and its connexion with affections of the sight; with noises in the ears—the character of these noises, and with derangement of sensation, touch, and muscular action in any part of the body; the state of the mental operations, of the articulation, and of sleep, in respect both to its manner and duration.²

The *predisposing causes* may be: 1. Malformation.—2. Susceptibility of the nervous system.—3. Debility.—4. Plethora.—5. Previous Disease.—6. Excess in stimuli.—7. Injuries.—8. Continued mental excitement.

¹ Dict. Pract. Med., vol. ii. p. 143.

² Copland, ut cit.

The exciting causes may be: 1.—Rheumatism of the pericranium.—2. Inflammation of it.—3. Of the frontal sinuses: foreign bodies there.—4. Intense mental excitement.—5. Strong impressions on the external senses.—6. Deranged circulation to, within, or from the head.—7. Suppressed evacuations.—8. Meningitis. Cerebritis.—9. Morbid changes within the head.—10. Morbid affections of the stomach.—11. Constipation.—12. Narcotism.—13. Worms.—14. Variations in the pressure, humidity, constituents, temperature, or currents of the atmosphere.

The varieties of headach are: the nervous, congestive, plethoric, or inflammatory, dyspeptic, cerebral, pericranial, neuralgic, rheumatic, and arthritic, periodic, hypochondriacal, and sympathetic.

1. The feigned nervous headach may be distinguished by the absence of an unusual susceptibility of the nervous system; of the feeling of constriction, and by the extent of the pain being limited.

2. The feigned congestive headach may be detected by the absence of the characteristic numb, dull or heavy, oppressive, and deep-seated, pain; by the natural instead of languid circulation; by the absence of pallor or heaviness of the countenance, and of dizziness, drowsiness, and want of animation, and of any fulness of the eyes or bloatedness of the face.

3. The feigned plethoric or inflammatory headach is manifested by the absence of general, severe, rending and throbbing pain, of nausea or vomiting; of fulness of the vessels, of flushing of the face or eyes; and by a natural, instead of a full, hard, or oppressive pulse; also by the temperature of the head being natural in place of increased.

4. The dyspeptic and bilious headach, when feigned, will seldom manifest the well known characters of disorder of the digestive organs.

5. The organic headach is not of a character liable to be feigned; and presents sufficiently well-marked phenomena,

when carefully sought for, to prevent the real disease being considered feigned.

6. The rheumatic or arthritic headach would require, for the proof of its existence, the presence of the particular diathesis.

In practice I have frequently had individuals in public offices, complaining of giddiness and congestive headach. In general they have related very minutely the symptoms of this disease ; probably from having experienced it in a less degree at some time, or from having heard their companions recapitulate their sensations. In most doubtful cases, I have given the required certificate to procure temporary absence from duty ; though I have often had great doubts inspired, in consequence of the high colouring given to the symptoms ; which doubt have not diminished on finding considerable reluctance to remedial treatment, &c. ; and a strong desire to trust to the beneficial effects of country air for their cure.

The pretender generally overacts his part ; giving an extravagant account of the degree of giddiness with which he is affected, while he is silent respecting the symptoms which attend the genuine complaint ; the affection of the stomach is not mentioned by him.¹ If the pulse is not slow and irregular, if the stomach is undisturbed, and the eye expressive, the surgeon will find the complaint yield to those remedies which remove determination of blood to the head ; such as purgatives, antimonials, low diet, topical bleeding, blisters, &c. And in like manner with respect to headach, if he fail to establish any connexion between the complaint and disordered digestion, extreme irritability of the nerves, rheumatism, a carious tooth, syphilis, or organic disease of the brain, &c., he must resort to the usual inquiries relative to the character, history, and circumstances of the individual ; by which means, he will often have his doubts at once removed.

¹ Cheyne, Dublin Hosp. Reports, vol. iv. p. 150.

HYSTERIA.

Hysteria, itself a disease capable of producing so many irregularities of function, and consequently of producing a counterfeit representation of various maladies, organic as well as functional, may itself be feigned. Being attended with such a variety of symptoms, and appearing in such various shapes it is easily simulated.¹ Dr. Cullen himself has been deceived by the simulation of this disease.² Conolly states his conviction that the unhappy temper and violent irritability of hysterical females, combined with their constitutional tendency to the hysteric paroxysm, is in some instances sufficient to bring on almost at the will of the patient, attacks which occasion much concern to their relatives or friends;³ and Copland states, that he has no doubt of the fit being often renewed at pleasure, almost as readily as tears may be shed, by recalling or adverting to various feelings, emotions, or circumstances. Undoubted instances are related in which a temporary loss of muscular power, a singular diminution of the action of the heart, and an inability to speak, but without loss of consciousness, originated in the desire of a self-willed individual, to distress the spectators, or to overcome opposition to some wayward desire; as if the wish to feign an attack brought on a real paroxysm.⁴ Frank mentions similar cases,⁵ and Copland states, that he has seen instances which have convinced him of the fact.⁶ The cold affusion, low diet, blisters, and electricity will generally furnish the means of detection.⁷ Dr. Dunglison states, that feigned hysteria does not easily, and Beck that it cannot, resist the action of sternutatories.⁸ But the affection may be real though they produce the usual effect. In the voluntary attack, partly simulated partly excited, in young hysterical females, though we may have the strongest reasons to infer deception, it will be found very difficult to prove

¹ Male's Forensic Medicine.² Op. cit. p. 237.³ Cyclop. Pract. Med., vol. vii., p. 563.⁴ Conolly, op. et. loc. cit.⁵ Praxeos Medicæ Universæ Præcepta, cap. xiv., sect. lxxii. 22.⁶ Dict. of Pract. Med. art., Hysteria, p. 284.⁷ Paris and Fonblanque, Med. Jurisprudence, p. 362.⁸ Dict. of Med. Science, p. 258. Medical Jurisprudence, p. 17.

the simulation. Nevertheless the remedial agents suggested by Paris and Fonblanque, will have a powerful effect in cutting short the paroxysm, and repressing the desire to reproduce it.

The appearance of symptoms simulating such an affection in a soldier, would excite the utmost suspicion: we might almost as readily expect to find them suffer the pains of labour, or the effects of protracted suckling.

INSANITY.

Owing to the importance of this subject in a medico-legal point of view, chiefly from many who have committed crime thereby seeking to evade punishment, as well as to the necessity of great caution on the part of the physician; and because in insanity, even more than in many other feigned diseases, we are compelled to draw our conclusions more from negative symptoms than the presence of certain signs; I have introduced a short account of the symptoms which chiefly characterise the different species of this dreadful infirmity. Though following Esquirol's division in classifying these species, I may here state, that dementia is the form of insanity most *easily, frequently, and successfully* feigned. Certain kinds of monomania are more *easily*, though *less successfully*, and certainly *less frequently*, feigned than mania,—of which furious mania is the form commonly assumed. Moral insanity, from its being yet imperfectly-known, will be seldom imitated; especially that form which is considered in this essay, viz. homicidal moral-mania. This last species can only be regarded in a medico-legal manner.

MANIA.

Generally pain in the head and throbbing of its arteries, and sometimes giddiness, precede an attack of insanity.¹ Coeval with these is watchfulness, with a desire to go abroad and ramble; a change in the appearance of the eye precedes

¹ Haslam's Medical Jurisprudence of Insanity, p. 41.

incoherence of language ; there is a peculiar muscular motion of those organs, a protrusive and wandering motion, peculiarly tiresome to the beholder. During a paroxysm they appear as if stiffly and firmly pushed forward, and the pupils are contracted,¹ but the eyes still present rather a dull than a fierce character.² The muscles of the face are changed, suffering alterations depending on the succession of ideas which pass through the mind of the sufferer. The face itself is flushed and swollen, or pale and contracted. Uneasiness, loss of power, of attention, of memory, quick hurried steps and sudden pauses succeed. Those who were regular and established in their habits become active, jealous, and restless. Those who were of a lively disposition become indolent and indifferent, hypochondriacal, and fearful of disease. Vigorous action of mind and body supervene ; particularly great muscular strength. The language, both in tone and manner, becomes different from the usual habits of the maniac. Anger, without assignable cause ; attempts to perform feats of strength or agility ; incessant talking, sometimes boisterously, sometimes in a whisper, with sudden variations in the tone ; incoherent volubility ; a repetition of the same phrase or conversation, with violent and ridiculous gestures, may be noticed as concomitants. Headach, sleeplessness, and great irritability are common ; digestion is usually disordered in the earlier periods of insanity. The necessary quantity of food is neglected, and fasting is endured apparently without inconvenience ; though some are unusually and indiscriminately voracious. The stomach and bowels are torpid, costiveness prevails, and is the most general and persistent symptom ; the stools are white, small, and hard. The urine is scanty in quantity, and usually high coloured. The pulse is sensibly accelerated in the majority of cases, beating with disproportionate strength

¹ Hill's Essay on Insanity, p. 68. Prichard, Cyclop. Pract. Med., vol. ii., art. Insanity.

² Bell, in Edinburgh Review, vol. viii., p. 376.

in the carotid and temporal arteries ; in some it is full and laboured, and sometimes, though rarely, it is natural ; after the cessation of the paroxysm it becomes small.¹ The tongue is usually moist, sometimes whitish, the papillæ often erect ; it is often red at its point and edges. There is often a preternatural secretion of saliva and viscid mucus from the mouth and throat, which is with difficulty discharged by spitting.² There is frequently great thirst,³ and generally a stoppage of the secretion of the mucus of the nose.⁴ During a paroxysm maniacs are insensible to heat and cold, but generally suffer like the sane.⁵ The senses are often perverted, constituting ILLUSIONS.⁶ That of hearing more particularly suffers. The organs of *sight* are also diseased, and not uncommonly the sense of *smell* is perverted. The derangement of the *taste* is, however, the chief agent in this.⁷ The *touch* frequently loses its power of correcting the other senses.⁸ The insane are pusillanimous ; though occasionally boisterous and fierce, they are readily overcome by a person of decision. Alienation from friends is one of the most constant and pathognomic traits of the malady.

There is no disease, says Zacchias, more *easily feigned*, or more *difficult of detection* ;⁹ (it is curious to observe, that

¹ In 85 females examined by Lauret at La Salpêtrière, the pulse was above 100 in 7 only ; in 10 it ranged from 90 to 95 ; in 38 from 80 to 90 ; in 25 from 65 to 75 : in 4 only from 60 to 65 ; and in one it was under 60. According to this observer, the frequency of pulse decreases gradually in mania, monomania, and dementia ; the mean pulsation in the latter being 77.—Andral, in *Lancet*, N. S., vol. ii., p. 617.

² Prichard, *Cyclop. Pract. Med.*, vol. ii., art. *Insanity*. ³ Esquirol.

⁴ Rush, p. 146 ; at his request, Dr. Moore examined the maniacs in the Pennsylvania Hospital, with reference to this symptom, and found it present in the third of them.

⁵ Haslam, *lib. cit.*, p. 84 ; Esquirol ; also Knight's *Observations on the Causes, Symptoms, and Treatment of Derangement of the Mind*, p. 123.

⁶ As distinguished from the term "hallucination," by Dr. Morrison, in his *Outlines of Lectures on Mental Disease*, p. 35. "ILLUSIONS are dependent on the organs of sense—HALLUCINATIONS on those of the intellectual organs."

⁷ Sometimes the sense of TASTE preserves its powers ; as in a case related by Sir Walter Scott, in his note to the *Pirate*, in which the patient, though deceived as to his other senses, thought that by some uncommon depravity of the palate, everything which he ate tasted of porridge. See also Young, in *Quart. Rev.*, vol. ii., p. 152.

⁸ *Med. Chirur. Rev.*, vol. i., p. 246. ⁹ *Quæst. Med. Leg.*, lib. 3, tit. 2, *Quæst.* 5:

among the numerous delineations of insanity presented in the writings of poets and novelists, there is scarcely one in which there could not be pointed out the most glaring deviations from nature, so much so as to strike any one competently informed and versed in the history of the disease. Shakspeare, Goethe, and perhaps a few others, might stand the application of the severest test; but nearly all others have completely failed in their delineations;) than the one under consideration: and hence, he remarks, many great men of ancient times, in order to elude the danger that impended over them, have pretended it—as King David, the sage Ulysses, Brutus the expeller of the Tarquins, and Solon the Athenian.

This last ought not to be included in this list of Zacchias, as he feigned insanity, not to escape any personal danger, but to rouse his fellow-citizens to noble and patriotic deeds. This is almost the only instance, (of which I am aware,) of disease being feigned for honest or praiseworthy ends.

Of the class of mental diseases, those most commonly simulated are—simple cases of melancholia, extreme cases of furious mania, and intellectual weakness, or drivelling idiotcy. There are also some examples of simulated fatuity, to which deafness or dumbness are added, but these are rare.

During the war, both among the prisoners at home, and those retained longer in the services than they desired, all the forms of disordered intellect were feigned; but the most common was that of furious madness, assumed with the view of effecting a temporary purpose, such as the evasion of punishment, the removal to an hospital, &c. When the design was to obtain a discharge from the service, melancholia or dementia was the form generally assumed. Imbecility is, or was, frequently feigned in India for this purpose. Furious mania is now rarely feigned for the purpose of obtaining a discharge from the service; since those unfortunate men whom the ravages of climate, or the chances of war, have wholly unfitted for society, are sent to Fort Clarence, Rochester, where they receive

that care and attention which their sufferings so amply merit.

It appears, that among the native Americans disorders of the nervous system, excited by mental emotions, are so frequent as to be often feigned.¹ Impostors who have resolved to feign mania for the purpose of procuring a discharge, have generally braced their minds to endure torments of all kinds rather than give in. Dr. Mortimer, of the Madras Presidency, has informed me of a man who was two or three times flogged, and endured all the horrors of seclusion, low diet, counter irritation, antimonials, &c., without being in the least influenced to discontinue his game, which he persevered in till he was discharged.

Madness is most commonly feigned, in civil life, by persons before trial, to avoid being found guilty, and, after conviction, to escape punishment. By slaves it used to be simulated for the same purposes, and to escape disagreeable labour.

Marshall believes mental alienation to be frequently feigned in the army. But individuals who become really afflicted with this disease are often suspected to be impostors.² A melancholy instance of real insanity, treated as feigned, is related in *Marshall's Hints*, p. 140; and another case is mentioned in the *Cyclopæd. of Pract. Medicine*, p. 148, in which evidence of the reality of the disease was most conspicuous. *The Times* of 22nd February, 1826, relates the case of a veteran who, during one of his maniacal paroxysms, which were frequent, committed suicide by drinking a quantity of sulphuric acid. This man, whilst eleven years in the army, evinced symptoms of derangement on five different occasions—was five times tried by a court-martial for pretending insanity with a view to his discharge, and was on each occasion sentenced to receive corporal punishment, which was uniformly inflicted. Recruits, in parti-

¹ Prichard's *Researches into the Physical History of Mankind*, vol. i., p. 159, 4th ed.

² e. g. The case of Gady, related by Marshall in his work on the Enlisting, &c., of Soldiers, p. 247, 1st Ed.

cular, are almost invariably presumed, for some time, to be deceiving, when insanity supervenes.

A medical officer can never exercise too much caution in giving an opinion upon doubtful cases of mental disorder ; more especially where that opinion may involve a breach of discipline, and consequent punishment. Mr. Marshall recollects two cases of non-commissioned officers becoming permanently insane, upon being confined in consequence of a charge of misconduct. That mistakes sometimes happen, has been unfortunately too well proved. This fact ought to lead the medical officers in the public service to study with great care the indications of insanity ; and ought, moreover, to induce them, wherever there is a shadow of doubt, to lean to the side of mercy. "It is infinitely better that they should be deceived, than that a poor wretch, already suffering under the most grievous of natural calamities, should undergo additional misery through their ignorance."¹

Coche asserts that the long-continued imitation of some maladies, such as insanity, has excited real disease. "Il est aussi dangereux d'imiter la folie que de contrefaire l'épilepsie, toutes deux pouvant se développer réellement."² It is certain that the greatest obscurity hangs over certain affections, which, in the first instance, there has been every reason to believe simulated, but which have terminated in decided insanity and death. Such a case is related by Marshall ;³ and a similar one is narrated by Monteggia.⁴ In such cases, it will always be a question how far the insanity has depended on the despondency and anxiety produced by ungratified desires, and when the feigned has merged into the real disease. Disappointment and frustrated hope will, surely, at least as powerfully affect the minds of those simulating insanity for the purpose of gaining a

¹ Cyclop. of Pract. Med., vol. ii., p. 146.

² Coche, de l'Opération Médicale du Recrutement, etc., p. 306.

³ On the Enlisting, etc., 1st ed. p. 142—2nd ed. p. 161.

⁴ Vide Beck's Med. Jurisprudence, p. 411.

discharge, as the same causes, with other objects ; and they are admitted to be causes adequate to the production of true mental disease. In cases, therefore, of mania, which have been simulated for some length of time, the difficulty of duly estimating what amount of disease is true and what is feigned, will, in some measure at least, depend on the length of time that the disease has been simulated. If a degree of mental alienation be, as it is, an admitted cause of the feigning some diseases, why not of some form of insanity ?

The idea is extremely prevalent, that insanity is easily simulated ; but Dr. Cheyne says it is extremely difficult to feign insanity, so as to deceive those who are familiar with the phenomena of mental disease. Yet he states that we are in more danger of supposing insanity simulated when it is real, than of supposing that disease to be real which is only pretended. I think his remarks upon the whole tend rather to prevent us from supposing a real attack to be feigned, than to point out to us how to detect fraud.

Those who have been longest acquainted with the manners of the insane, and the correctness of whose opinions is guaranteed by their practical acquaintance with the disease, assure us that insanity is not easily feigned ; and consequently, that attempts at imposition cannot long escape the efforts of one properly qualified to expose them. Georget does not believe "that a person who has not made the insane a subject of study, can simulate madness so as to deceive a physician well acquainted with the disease ;"¹ and Conolly affirms that he can hardly imagine a case which would be proof against an efficient system of observation.² But in reality the discrimination of the fictitious from the real disease is not always so easy as those who have never witnessed both are apt to imagine.³ It has been observed, that it is true, when we consider the very peculiar and complex phenomena which characterise true madness, and reflect

¹ *Des Maladies Mentales*, p. 60. ² *Inquiry concerning the Indications of Insanity*.

³ *Cyclop. of Pract. Medicine*, vol. ii., p. 146.

on the general ignorance of those who attempt to imitate them, we have no right to expect such a finished picture as could impose on persons well acquainted with the real disease. And yet, on the other hand, when we consider how imperfectly the operations of the intellect, either in a state of health or disease, are known to medical men in general; how few opportunities the medical officers in the public service have of observing the phenomena of insanity; and reflect how natural it is for the feelings of honourable men to take the part of apparent distress; it need not surprise us that the pictures drawn even by such rude hands have imposed on educated minds:¹ educated, truly, on other subjects, but possibly ignorant of the indications of the disease in question. It is a matter of consideration whether the difficulty that has been experienced, and the consequent perplexity and mistakes that have arisen, has not been caused, less from the obscurity of the subject, than from the imperfect means that have been generally applied to its elucidation.² Ray states that nothing, indeed, requires a more severe exercise of a physician's knowledge and tact, than a case of simulated insanity; but he advances that the same might be said with quite as much truth of other diseases that men have been led to feign, but which, nevertheless, are every day investigated³ and understood.

In every particular case, the existence or non-existence of causes known to predispose to insanity ought to be considered, and to have due weight. Of this kind are previous attacks of the same malady, under circumstances where there existed no apparent motive for deceit; the existence in the patient's family of a similar disease; an irritable, nervous temperament, likely to be inordinately excited by moral or physical causes; eccentric habits, or what may be termed the maniacal temperament; a

¹ *Cyclopædia of Practical Medicine*, art. Feigned Diseases, vol. ii., p. 146. *Facilius ii fingi atque simulari possunt morbi, qui a sensorio commune destructo mentis que imperio graviter læso ortum suum trahunt.*—Waldschmeit.

² Ray's *Medical Jurisprudence of Insanity*, p. 304. ³ *Lib. cit.*, p. 305.

decidedly strumous habit; the application of strong exciting causes of a moral nature. In the army, unfortunately, medical officers are seldom able to procure any information of importance respecting the liabilities of the relatives of a suspected man to insanity, or concerning circumstances calculated to excite or depress the mind.¹ We should also inquire whether he has been liable to physical disorders which are known to affect the brain, such as previous injury of the head; or whether he has been affected with fever, with delirium, or epilepsy; or if he has been engaged in a protracted course of dissipation; or whether he has had repressed cutaneous eruptions, &c. The occurrence of mental derangement would be no unnatural sequel to the sudden abstinence from intoxicating liquors, to which prisoners are generally subjected. Sobriety is so rare a virtue among soldiers, that many alienations of mind are attributed to drunkenness, which in reality are the consequences of fever; and the deception is the more complete, that the look and general appearance often combine with the state of the senses to deceive the incautious and superficial observer."² We should also inquire whether his mind has been lately excited or depressed?—whether there has been any change in his habits, before any overt act of insanity was committed?—whether he has evinced a restless disposition, an irritable temper, a loss of moral restraint? &c. The circumstances under which the alleged insanity has supervened, the man's previous character, the probability or improbability of the disease being assumed, and many other obvious considerations, will all materially assist the diagnosis. For instance, if we find a man not previously liable to be so affected, nor hereditarily predisposed to insanity, suddenly exhibit the appearance of this disease under an impending trial or punishment, or other threatened evil which might be averted by such a state, there is certainly a presump-

¹ Marshall, on the Enlisting, etc.

² Hennen's Principles of Military Surgery, p. 198, 2nd ed.

tion in favour of the disability being feigned.¹ It is, however, to borne in mind, that the very same apprehension of exposure, disgrace, or punishment, which affords motives for simulating insanity with the view of escaping them, may give rise to the real disease: and instances are not wanting to prove the fact.² At the present time insanity is most commonly simulated to escape the punishment entailed on an individual by his criminal acts, and the responsibility of the medical examiner is consequently great, as the punishment or immunity of the individual will depend on the opinion he may give. The judgment is not to be determined by any single symptom, however striking, but every pathological indication, every possible motive to action, in short the whole moral, intellectual, and physical history of the individual should be faithfully studied before he gives a definite opinion.³—It is his duty, and should be his privilege, to spend several days in the examination of a lunatic, before he pronounces a decided opinion.⁴ Ample time should be demanded for this purpose, and unless it be granted, the physician would be justified in declining altogether the duty assigned him.⁵ If this be allowed to him, and also if he be enabled to obtain a complete history of the antecedent circumstances, much may be effected towards forming a correct opinion.⁶

Hoffbauer remarks, “That it is rare that an individual simulates mania to avoid a punishment which he has incurred, especially when he knows that in case the fraud be not discovered he will be confined as dangerous to society. Besides, the vulgar always confound insanity with furious mania, (*WAHNSINN*,) and most men would prefer to perish than to be supposed to labour under this last malady; in general, except in

¹ Cyclopædia of Practical Medicine, vol. ii., p. 15.

² Care should be taken not to infer deception, because the motives for it are apparently strong; for the circumstances constituting the motives may be the causes of the real malady.—Copland's Dict. of Pract. Med., p. 888. For this reason we must strongly protest against the decision in any case, that the disease is feigned, solely because there appears a strong reason for its being so.—Cyclopædia of Pract. Med., vol. ii., p. 147.

³ Ray, ut cit.

⁴ Beck's Med Jurisprudence, p. 405.

⁵ Beck, lib. cit., 5th ed., p. 405.

⁶ Ray, ut cit., p. 325.

cases of mania, the accused would prefer punishment to confinement as a lunatic. One is therefore right in supposing that man to be a maniac, who, to avoid punishment, would wish to have himself considered as affected with furious mania."¹

I am precisely of an opposite opinion to that which the author has advanced in the preceding paragraph. Of all the species of mental alienation, furious mania is that which is most frequently simulated; because it is of that kind which most vividly strikes the multitude; because the vulgar generally believe all madmen to be furious; and because he who wishes to deceive imagines he has only to cry out, to run, to menace, &c., to impose on all the world. Moreover, he who would have simulated mania would not be dissuaded from continuing his trick by the fear of being regarded as a furious maniac. The essential thing for him is to appear mad, without regard to the species, since the result will be the same.

The truth would appear to be that insanity is never, or but rarely, feigned, for the purpose of avoiding the *suspicion* of guilt; for this would be the most certain means of inviting suspicion; but is only attempted to be simulated when detection becomes inevitable.

The following remarks may serve as the groundwork of our differential diagnosis, and illustrate the points to which we are to direct our attention.²

1. It requires power beyond the scope of ordinary exertion to counterfeit the character of an active paroxysm to its full extent.³

The deception is not maintained when the patient pretender is alone, and apparently unwatched;—the assumed malady then

¹ Médecine Légale relative aux Aliénés et aux Sourds Muets.

² Mania, melancholia, fatuitas simulata supponuntur, si defectus habitus cholericus vel melancholicus, et nulla ante commissum crimen melancholica actio ac executio criminis cum magna et astuta deliberatione facta observetur. Si impatentia frigoris, vel vigiliarum et famis observetur, etc.—Plenk, *Elementa Medicinæ et Chirurgiæ Forensis*, p. 114.

³ Beck, etc.; see also Ray's *Medical Jurisprudence of Insanity*, p. 323.

disappears, and the imposture is recommenced when he is in the society of others.¹ A bold and clever dissembler will not, however, thus leave himself exposed to detection, as it is known that men (afterwards detected, and admitted on their own confession to be impostors) have carried their simulation to so exquisite a height as to eat their own excrements, even when shut up in their cells, suspecting they *might* be overlooked.² Seclusion, however, is particularly necessary in all such cases ; as nothing tends so much to keep alive the hopes and the courage of an impostor as the consciousness that his raving is heard by his fellows, and the belief that an impression favourable to his views may be made on the minds of those in authority, by the continual exhibition of his miserable state.³

2. A certain cast of countenance, and gestures accompanying it, are so peculiar to the insane, that a medical examiner familiarised to them will generally be able to discover whether the disease exists or not.⁴ Ray states that there is a wildness of the eye, and a certain strangeness of expression, as easily recognised when once impressed upon the mind as it is difficult to describe.

In the great majority of cases the expressions of the countenance correspond with the nature of the ruling passions.

The features of the maniac are sometimes so much altered, that he is scarcely recognised by his most intimate friends. His looks wander, being scarcely ever fixed ; his face is flushed and swollen ; his eyes are suffused, unfixed, unsteady, wild or timid, the eyeballs prominent or protruding, and injected.—An impostor could not exhibit any such change.

Notwithstanding the infinite art with which actors of the

¹ Haslam's Med. Jurisprudence of Insanity, p. 322.—Copland, Dict. of Pract. Med., vol. ii., p. 888.—Male's Forensic Medicine.—Marshall on the Enlisting, etc, —Beck's Medical Jurisprudence, p. 406.—Ray's Medical Jurisprudence of Insanity, p. 325.

² Cyclop. of Pract. Med., vol. ii. p. 146.

³ Ballingall's Military Surgery, p. 579.

⁴ Male's Forensic Medicine.—Coche, de l'Operation Médicale du Recrutement. etc, p. 306.—Orfila, Leçons de Médecine Légale, vol. i.

first order have imitated this malady, they have been unable to produce this peculiarity of countenance and expression; but to derive the full value from it as a sign, it is necessary that the physician have much experience of the insane.

3. Dr. Hennen tells us, that a feigned maniac never willingly looks his examiner in the face; and states, that he has had confessed to him, that a person feigning madness could not support the inquiring glance of the physician who examined him.¹ This test, however, is not very conclusive, inasmuch as we know that lunatics regard those under whose control they have been placed, or those whom they fear, with a subdued air; a cast of countenance which may be confounded with the reluctant manner of a simulator.²—“When the eye of an insane person meets that which has so often checked his vacillatory motions, the instant of such a meeting is the instant of self-correction, of silence, or of sudden order, and surprising self-possession.”³

Beck, however, discriminates this state so well, that he considers this circumstance may be applied to the detection of feigned lunatics. Quoting Hill, he says, “all such, upon seeing the person whom they know to have been long accustomed to the management or the care of lunatics, become ten-fold more foolish, boisterous, or unmanageable than before, in order to impress the minds of the beholders with awful ideas of their alarming or pitiable state, but their detection and exposure are the sure result of diligent enquiry.”

4. Pretenders often outstrip madness itself, and seem desirous to exhibit themselves in its most violent and disgusting forms. In fact, men who feign madness most commonly overact their part.⁴ They over-do the character they assume,

¹ Principles of Military Surgery, p. 458, 2nd ed. Ray's Medical Jurisprudence of Insanity, p. 317.

² Dr. Copland states that the insane are incapable of returning a steady or determined look.

³ Hill's Essay on the Cure and Prevention of Insanity, p. 397.

⁴ Marshall on the Enlisting, etc. Kirckhoff, Hygiène Militaire. Ray, Medical Jurisprudence of Insanity, p. 307.

and present nothing but a clumsy caricature. (This is evidenced by the usual representations of poets and novelists, with but few exceptions.) They almost always think that they cannot crowd a sufficient number of symptoms into their disease. Assuming the task upon the spur of the occasion, with them, insanity is but another name for wildness, fury, and unlimited irregularity; they are determined that their disease shall not be overlooked for want of numerous and obvious manifestations of its existence; hence, they are constantly betraying themselves by some word or act grossly inconsistent with real insanity. They generally seek to personify the notion of madness usually entertained by the vulgar; namely, the total abolition of the reasoning faculty, instead of its partial perversion.¹ “Of methodical madness, of systematic perversion of intellect, the multitude can form no adequate conception, and cannot be persuaded that insanity exists without turbulent expression, extravagant gesture, or fantastic decoration.”²

5. Pretenders are unable to prevent sleep; that watchfulness which is so constant an attendant on the insane, can scarcely be preserved for any length of time by those who are in actual health.³ The more violent and extravagant the actions of the pretended madman, the more readily will he be overcome by sleep. A real madman will be many days, even weeks, without sleep; and sleep, when obtained, is disturbed by dreaming, or wandering, or even raving. These circumstances alone, if properly taken advantage of, will suffice to detect most impostors; and in order to derive from them all the advantages which they

¹ Cyclopædia of Pract. Med., vol. ii., p. 146. ² Haslam.

³ Mahon, Médecine Légale, vol. i., p. 338.—Fallot, Memorial de l'Expert, &c., p. 192.—Copland, Dict. Pract. Med., vol. ii., p. 888.—Ray, Medical Jurisprudence of Insanity, p. 315.—Sir G. Ballingall, Military Surgery, p. 578.—Beck's Medical Jurisprudence, p. 406.—Marshall, Edinb. Med. and Surg. Jour., vol. 26, ut cit.—Cyclop of Pract. Med., vol. ii., p. 146.—Ryan's Medical Jurisprudence.—Prichard, ut antea cit. “Somnum in his tam difficile esse, quam necessarium; itaque hoc uno signo considerando, aliquando deprehendere licebit eum qui furorem simulat.”—Zacchias, Quæstiones Medico-Legales, lib. iii., tit. 2, Quæst. 5.

are capable of yielding, a strict and uninterrupted watch should be kept on all patients who are suspected of imposition. The presence of sleeplessness would furnish conclusive proof of real insanity, and though its absence would hardly warrant the contrary conclusion, it would certainly produce strong suspicions, and thus give additional weight to less prominent symptoms. Chiarggi, saw a lunatic, who had sat for twenty-five years on a stone floor, beating the ground with his chains, without ceasing by day or night.

The simulator, if cognisant of this feature of the disease, will be observed, on watching, not to protract his sleeplessness to a period like in duration to that of the real disease. In fact sleep, sound sleep, will invariably overtake him before the second or third day. Thus, a seaman, who enacted the part of a furious maniac, was overcome by sound sleep on the second night of his attempt.¹

Impostors almost always attempt to imitate the nocturnal restlessness and disorder of maniacs, but their imitation consists only in the occasional disturbance of sound slumbers. It will require little knowledge or watching to establish the difference between such imitation and the real restlessness.²

6. The temperature of lunatics, according to Dr. Knight, is below the natural standard.³ The skin is cold, except over the forehead, where the heat is greatest and most constant;⁴ there is a remarkable coldness of the extremities, resulting from the damp state of the skin, and a want of energy in the circulation through the extreme vessels.⁵

During paroxysms of the disease, some are remarkably insensible to variations of temperature, especially great diminu-

¹ Cyclop. of Pract. Med., vol. ii., p. 146.

² See Ray's Medical Jurisprudence of Insanity, p. 315.

³ Observations on the Causes, Symptoms, and Treatment of Derangement of the Mind, p. 123.

⁴ Copland, Dict. of Pract. Med., vol. ii., p. 436.

⁵ Prichard, Cyclopædia of Practical Medicine, vol. ii., p. 25., (mis-paged) art. Insanity.

tions.¹ This want of sensibility enables them to endure, without shrinking, that which in the ordinary state of the nervous system, would be attended with the most acute pain;² but it is an error to suppose this to be general among all the insane, as some authors allege; whereas the temperature of impostors is natural, and they cannot assume insensibility to cold.

This diminished temperature of lunatics, is certainly very frequently found, as far as regards the extremities: but, with very few exceptions, a considerable increase of temperature will be found in the head, which is often much hotter than any other parts of the body, which are even covered with clothes.³ The feeling of internal heat, which seems to enable them to bear, often with complete impunity, the continued impression of great cold, and which they sometimes even complain of, either in the head or the abdomen, or circulating in their veins, causes their desire to go without clothes, or to expose their persons. Pretenders in cold situations seldom thus voluntarily divest themselves of their clothes, or expose their persons to the inclemency of the weather.

7. The power of fixing the eyes upon the most intense light, and even upon the sun, without being dazzled thereby, is common to some maniacs; whereas, the natural sensibility of the organs prevent this endurance, and evidence its occurrence.

¹ Currie, Rush, and Foville, cite numerous instances. See also Haslam's Medical Jurisprudence of Insanity, p. 84. Esquirol, Dict. des Sciences Médicales, vol. xxx. art. Mania. Knight, Observations on Derangement of Mind, p. 123. Beck's Medical Jurisprudence, 393.

² Sir W. C. Ellis, on the Nature, Symptoms, Causes, &c. of Insanity. The effects of cold and other painful impressions are, in some instances, disregarded by lunatics; but this seems to be merely a result of intense excitement of the mind, and its direction to other feelings and operations. Such cases are not so frequent as they are supposed to be. Prichard, Cyclopædia of Pract. Med., vol. ii., p. 24., (mis-paged) art. Insanity.

³ Sir W. C. Ellis says, he could insert a catalogue of cases to shew that the commencement of insanity, and any exacerbation of it in old cases, are attended almost invariably (indeed he thinks he should be justified in saying universally) with increased heat in the head; in ordinary cases it extends over the entire surface of the cranium though in many instances particular portions of it are of a higher temperature than other parts. The heat of the head is very generally accompanied by cold extremities.

8. Abstinence from food is another circumstance, respecting which there will often be observed a marked discrepancy between the real and pretended madman.¹ Sometimes, however, after some days, hunger begins to be felt, and often the most disgusting things are taken greedily; even the excrements, in some instances, are devoured. A peculiarity in the loathing of food, which is common in the insane—and which is never presented in feigned mania, even in cases where this loathing of food has been assumed by clever impostors—is the suspicion that it contains something noxious, which has been placed there intentionally. Should the impostor fast for a considerable length of time, the effects of abstinence will be shown; while, Esquirol observes, that he has never seen any bad consequences arise from the refusal to take food in mania.

9. Notwithstanding the constant exertion of the furious maniac, and prolonged want of sleep, his muscular strength seems to increase; his limbs acquire remarkable pliability and nimbleness, and the greatest feats of strength and agility are performed without exhaustion. The reverse of all this must take place with the simulator; in him also are never observed the irregular movements, like convulsions, of the face, arm, or leg, which are occasionally observed in the insane, and were first described by Foville.

10. Mr. Hill recommends attention to the presence or absence of the peculiar animal odour that is observed in maniacs; and says, "The best means of detecting its presence, is to enter the bed-room of the subject on his first waking, after having slept in a small ill-ventilated room, in sheets and body linen occupied by him for some time; the curtains now to be opened by the inspector. On inhaling the effluvia under such circumstances, it is scarcely possible to be mistaken."² The exhalation of this offensive secretion is chiefly observable

¹ *Cyclopædia of Pract. Med.*, vol. ii., p. 146.
vol. ii., p. 888.

Copland's Dict. of Pract. Med.,

² *Essay on the Cure, &c. of Insanity*, p. 392.

in the axillæ. Dr. Knight recognises the correctness of this test, and says, that Boerhaave and Van Swieten, have each noticed it.¹ Esquirol also mentions it. Dr. Barrow says, "if I detected it in any person, I should not hesitate to pronounce him insane, even although I had no other proof of it." Sir W. C. Ellis says that, "it is certainly found in many patients," that "it gives the skin the appearance of having been rubbed over by some greased substance," that it invariably denotes the existence of organic disease of the brain; and that he does not recollect the recovery of a single patient, with this symptom" Dr. Prichard remarks, that there there is a peculiar foetor of the breath, which extends to the whole person.

11. Dr. Rush proposes a rule, grounded on the following circumstances: the pulse, according to his observations, is more frequent in all the grades of madness, than in health.

"Lay not that flattering unction to thy soul,
That not your trespass but my madness speaks:
My pulse as yours, doth temperately keep time,
And makes as healthful music."

HAMLET.

Dr. Rush found the pulse affected in 7-8ths of his cases; and M. Foville observed, a large majority of cases of uncomplicated insanity, with more or less acceleration of pulse, the mean being eighty-four in the minute; in few were they under seventy, and in none below sixty. This test, therefore, may be recommended as worthy of notice, but not of such value as to be absolutely depended upon; it is mentioned merely as a valuable means in connexion with others, of arriving at conclusions in doubtful cases. Rush mentions some cases, in which it was applied, and which deserve notice.² Sir W. C. Ellis says, that when the head is hot, the pulse is generally found quick, but not always; and that when the heat of the head is not considerable, no variation whatever is usually to be found in the pulse; he states, that this rule holds good

¹ Lib. cit., p. 121.

² Introductory Lectures, Lect. xvi., p. 369. Copland's Dict. of Pract. Med., vol. i., p. 888.

whether the case be recent or of long standing.¹ The effect of information of a welcome or unwelcome nature on the pulse of the individual, ought to be carefully observed.

12. The therapeutical and physiological action of remedies may throw considerable light on the nature of the affection.² The administration of a strong dose of tartar-emetic, unknown to the suspected person, has been advised. Where a common dose takes a full and a powerful effect, deception may be suspected; as it is stated that such an effect never follows its administration in any stage of approaching or actual insanity, and more especially in the maniacal form, which is commonly attempted to be personated.³ Some melancholics, as well as maniacs, are very insensible to the action of drastic purgatives.⁴ A dose of opium, which would not procure a moment's sleep to a real maniac, would completely overpower the simulator.⁵

13. Dr. Cheyne remarks that, in real insanity, there is often the greatest insensibility to decency, propriety, and comfort; evidenced by the grossest language, in persons previously of very pure minds; by exposure of their person; spitting heedlessly in all directions; passing the excrements in bed, or plastering them on the walls of the cell;⁶ circumstances not likely to exist, at least in the same degree, in simulated cases. Yet the collateral aid which this affords us in our diagnosis

¹ On the Nature, Symptoms, Causes, and Treatment of Insanity.

² A singular case of simulated mania is given by Professor Monteggia, in the Medical Memoirs of Dr. Giannini, for 1800; which contains some valuable hints respecting the action of opium in real and feigned madness.

³ Dr. Prichard states that maniacal patients often require large doses of tartarized antimony, as from 6 to 10 grs., before vomiting is excited; and this is especially the case when the remedy is given during a paroxysm of violent excitement. Hill's Essay on the Cure, &c. of Insanity, p. 396. Coche, de l'Operation Médicale du Recrutement. Copland, Dict. of Pract. Med. vol. i., p. 888.

⁴ Marc, art. Deception, Dict. de Méd. Godman's Western Reporter, vol. ii., p. 6, 7; also Male's Forensic Medicine, p. 251.

⁵ Ray's Medical Jurisprudence of Insanity, p. 317.

⁶ "On remarque un oubli profond des convenances."—Georget, Nouvelle Discussion Méd. Lég., sur la Folie.

does not appear to be very great. Foderé has related the case of a young woman, undoubtedly a pretender, who committed every kind of indecency in her cell; and the miserable trait formerly noticed of a prisoner of war devouring his own excrements, is a convincing proof that nothing is too disgusting to appal a determined will. Ray states, that this departure from the ordinary character, will go far to distinguish the real from the simulated disease.

14. Real lunatics, at periods of remission, are desirous of being deemed free from the malady; and often assiduously endeavour to keep from observation those lapses of thought, memory, and expression, which are tending to betray them.¹ The art, indeed, with which a patient will endeavour to avoid all questions bearing on the subject of his delusion, is well known; and the self-command which they are capable of displaying, is illustrated by many recorded examples. The feigned never desire to conceal their situation.² They court observation, talk wildly on every subject, fearing to show a coherence of ideas upon any one. They never attempt to prove to those around that they are of sound mind, as is frequently done by maniacs. In a very great majority of cases, the insane are unconscious of the state of their minds, and are offended at being considered mad. They even accuse those of insanity, who do not admit the integrity of their intellects. On telling an insane patient that he is mad, he instantly contradicts you; while if you express your belief in the hearing of an impostor that he is really insane, no contradiction follows; so far from this, he will most probably endeavour to illustrate the truth of the remark by conduct deemed by him conclusive of his insanity. Alexander Cruden, when suffering

¹ Hill's Essay on the Cure, Prevention, &c. of Insanity, p. 392. Copland's Dict. of Pract. Med., vol. i., p. 888.

² Beck's Medical Jurisprudence, p. 406. Copland's Dict. of Pract. Med., vol. i., p. 888. Ryan's Medical Jurisprudence. Pagan's Medical Jurisprudence of Insanity, p. 97.

under his last attack of mental alienation, upon being asked whether he was mad, replied, "I am as mad now as I was formerly, and as mad then as I am now,—that is to say, not mad at any time."

It is more common that madmen pretend to be sane, than that sane persons feign madness.¹

15. We should endeavour to obtain from the individual, a history of himself. This requires attention and time, but the prosecution of the inquiry may lead to the development of some probable motives for his present conduct.²

16. We should also examine what the causes of the disease have been, whether pretended or real,—it will be difficult for us to ascertain the existence of the moral causes, the patient being generally interested in their concealment,—and whether they were sufficient to excite the affection: more especially should we learn whether the usual premonitory symptoms were present, such as want of sleep, troublesome dreams, aversion to nourishment, to society, &c.³

It is to be observed also, that the real disease rarely occurs suddenly; is often slow in its advances; and that, on looking backwards, various circumstances will be recollected in the conduct of the patient, which lead to the conclusion that his mind has been, perhaps for months, in a state of occasional aberration.

"And he repulsed: a short tale to make:
Fell into a sadness; thence into a fast;
Thence to a watch; thence into a weakness;
Thence to a lightness; and, by this declension,
Into the madness wherein now he raves,
And all we wail for."

HAMLET.

He has manifested a certain waywardness or singularity of character, an unsteadiness in pursuits and inclinations, a fickleness or capriciousness of habit, temper, and affec-

¹ Male's Forensic Medicine.

² Haslam's Medical Jurisprudence of Insanity, p. 396.

³ Mahon, Médecine Légale, vol. i., p. 339.

tions. He has become restless, vindictive, or passionate; and those principles which formerly guided his conduct, seem to have lost their influence over him : or he has avoided society, appeared pensive, and often absorbed in reverie ; while his altered looks have betrayed the uneasiness of his mind. The deviations from the habitual modes of thinking and acting are at first slight, and almost imperceptible ; not reaching their height until after a progressive increase of months, or even years ; although, perhaps, the change at last from a comparatively slight degree of hallucination to extreme violence has been sudden.

17. In cases of feigned mania, the paroxysm comes on suddenly, abruptly, and violently, without any premonitory symptoms, or the slightest departure from the individual's natural thoughts or affections, or manner of manifesting them ; and without any indication of bodily derangement, and often under circumstances where the object of it can be distinctly seen.¹ Ray states, that when the disease has come on in this manner, and if there be any other the least ground of suspicion, it may be safely concluded that the case is one of simulation. Yet this rule is not without exceptions in both cases. Instances of sudden and furious insanity have occurred in civil life, without any premonitory sign. In cases of sudden and doubtful insanity, it is desirable to ascertain whether an epileptic fit preceded the breaking out of the disease ; temporary insanity supervened upon the paroxysms of the epileptics at the Salpêtrière in 7-8ths of the cases.

It is a fact worthy of notice, that, while the commission of a crime has sometimes suddenly led to the access of insanity, in a previously sane person, the sight of the murdered victim has often suddenly restored the insane perpetrator of a crime to reason. In the first case, we should be apt to suppose the

¹ Sir George Ballingall's *Principles of Military Surgery*, p. 578. Ray's *Medical Jurisprudence of Insanity*, p. 316.

insanity was feigned ; in the second, that it had not existed during the commission of the crime, and consequently lead to an unjust interposition of the law.¹

18. The nature of the disease as to periodicity, ought to be remarked ; mania with delirium is almost constantly, and mania without delirium always, periodical.² In feigned mania, there are no such periodical returns or exacerbations. Suspicion of fraud arises where the maniac continues for an indefinite length of time to be excited, and bereft of reason upon all points, on account of the absence of intermissions in a disease characterised by it.³

19. Ray states, that the change which takes place in the moral character of the insane, in their affections and desires, furnishes an excellent test of the genuineness of any particular case ; inasmuch as this fact hardly enters into the popular notions of the disease. Perhaps no character of mania, general or partial, is more constant than that inversion of feeling which is manifested in reference to every person or thing, that comes within the circle of domestic and friendly relations. The feelings of the parent, child, or spouse, are eradicated ; the ties of family are broken ; home loses its endearments ; and friends their kind and soothing influence. As the disease abates, the current of the affections resumes its ordinary direction.⁴ The impostor on the other hand, is seldom aware of these facts, generally evinces no settled diminution of his attachments, and openly shows his ordinary fondness for his immediate relations ; or, if he happen to be aware of the trait of insanity now referred to, and has suppressed his feelings, the first menace of injury is sufficient to tear away his disguise, and disclose the rational and affectionate man. In the conspiracies and hostile plans that perplex the maniac's

¹ British and Foreign Medical Review, vol. x., p. 134.

² Marc, Dict. des Sciences Medicales, art. Aliéné.

³ Fallot, Memorial de l'Expert, &c., p. 191.

⁴ Ray's Medical Jurisprudence of Insanity, p. 33.

brain, his nearest and dearest bear the most prominent part ; while the impostor always pitches upon those as the disturbers of his peace, with whom he has had some previous disagreement, or at least no particular intimacy.

20. It is very difficult uniformly to assume that extreme and sudden irritation, those furious gusts of passion, which in real maniacs instantly arise from any contradiction of their opinion or wishes.¹ This feature of mania is not easily imitated, and nothing less than long personal observation of the insane, joined with no inconsiderable power of mimicry, would enable the simulator to arrive at even an approximation to the reality. When, therefore, the pretended madman maintains his temper, under various annoyances and contradictions, or only displays a clumsily enacted passion, it may be pretty safely concluded that he is feigning.²

21. In general, madmen have the most absurd and contradictory ideas on some points, while they are sane and rational on others, which do not awaken the imagination on the subject of their delirium³ The method, that is, in madness, *the constant and consistent reference to the predominant idea*, which the practised observer detects amid the greatest irregularity of conduct and language, is one of those essential features in the disease, which is generally overlooked ; or, at least, very unsuccessfully imitated.⁴

22. It may be advisable, in the presence of the suspected person, to state, that there are several peculiarities in the case ; such as, his making noise during the night, and being quiet during the day-time, his never sighing, or fixing his eyes on any object. The intention of the observations being, to induce the suspected person to believe that the opposite of all

¹ Foderé, *Traité du Délire*, vol. ii., p. 500. Copland's *Dict. of Pract. Med.*, vol. i., p. 888. ² Ray's *Medical Jurisprudence of Insanity*, p. 317.

³ *Dict. des Sciences Médicales*, art. *Simulation*, t. i.

⁴ Ray's *Medical Jurisprudence of Insanity*, p. 305.

these would lead to the belief of his insanity. If he should then assume the conduct and symptoms thus indicated, the presumption of feigning would be much strengthened.

23. Marc proposes, as another test; to repeat to the insane person a series of ideas recently uttered. The pretended madman, instead of wandering incoherently, would judge it most expedient to repeat the same words, for the purpose of proving his madness;¹ as if anxious that none of his ravings should escape attention, or be forgotten; while the genuine patient will be apt to wander from the track, or introduce ideas that had not presented themselves before.

" It is not madness
That I have uttered; bring me to the test,
And I the matter will reword, which madness
Would but gambol from."

HAMLET.

24. In simulated madness, there is also a certain hesitation and appearance of premeditation in the succession of ideas, however incoherent, very different from the abruptness and rapidity with which, in real madness, the train of thought is changed.²

25. Memory however cannot be assumed as a test of mania. A very small number of madmen forget, or appear to forget, wholly or in part, what has passed regarding them during their disease, or else their remembrance is more or less confused. I say that some appear to forget, because, in many cases there is reason to believe that the maniac feigns to forget indecent or reprehensible conversation or acts, in order to avoid indiscreet questions upon the point. M. Worbe cites an example of this kind.³ Generally, speaking however, a maniac has no difficulty in remembering his friends and acquaintances, his customary places of resort, names, dates and events, and the occurrences of his life; his perception of the ordinary relation of things

¹ Marc. Godman's Western Reporter, vol. ii., p. 68.

² Ray, lib. cit., p. 309.

³ Georget, Nouvelle Discussion Méd. Lég. sur la Folie, p. 40. Paris 1828.

are, with some exceptions, as distinct and clear, and his discrimination of characters equally shrewd as ever. Now, a person simulating mania, will frequently deny all knowledge of men and things, with which he has always been familiar, especially whenever he imagines that such ignorance, if believed, would be considered a proof of his innocence. The very names, dates, and transactions, with which he has been most lately and intimately conversant, he will, for the same reason, refuse to remember; while the real madman will seldom, if ever, forget them, in whatever shapes they may appear to his mind, or with whatever delusions they may be connected.¹ An instructive case is related in Georget's work, *Des Maladies Mentales*, and is quoted by Ray, pp. 309, 312.

Fallot relates a case in which the person rambled continually—pretended *complete loss of memory*, and the powers of reason, answering falsely even as to his name, and that of his village—who, on having it represented to him that the very excess to which he carried himself betrayed his imposture, gave up his game.

26. It should not be neglected to collect any written documents, as insane persons will very often commit to writing their feelings and opinions, although they may suppress them in their discourse.² And pretenders will frequently, in their written communications, express themselves with the utmost intelligence, and sometimes lay bare their scheme of fraud, or boast of the success of their stratagem. An accomplished impostor, who had succeeded in being sent to a lunatic asylum in Madras, was thus the unwitting author of his own detection.³

27. It may sometimes be proper, if suspicion exists, to speak of some severe remedy, or to *threaten* some punishment. The really insane do not heed these, being occupied with the

¹ Ray's Medical Jurisprudence of Insanity, p. 308.

² Haslam's Med. Jurisprudence, etc., p. 49.

³ Dr. Mortimer, Hon. E. I. C. Service, Madras.

phantasms of the imagination ; and hence they are insensible to the operation of hope or fear :

“ And moody madness, laughing wild
Amid severest woe.” POPE.

The feigned, on the other hand, will often discover, by words or actions, the emotion which the threat produces:¹

“ My tears begin to take his part too much ;
They'll mar my counterfeiting.” EDGAR.—KING LEAR.

‘ Deprendes animi tormenta latentis in ægro
Corpore, deprendes et gaudia : sumit utrumque
Inde habitum facies.” JUVENAL.

Actual punishment has often been advised, and even employed, when there existed merely suspicion of imposture ; and although the practice is to be condemned, it must be admitted that it has been frequently successful in detecting deceit. Thus Zacchias relates a case, where the threat of a whipping sufficed to cure the pretended malady ; inferring that the external irritation might be useful if the disease were real, or too severe a test if feigned. Foderé also, on the same principle, detected another case, by ordering the application of a red-hot iron between the shoulders if the howling did not cease—if the patient were not dressed, and the room in order, at his next return.²

There are, however, some cases recorded, which would lead us to believe that we must exercise our judgment before we infer simulation from sudden recovery after the threat of severe remedies. Thus Esquirol speaks of having cured a girl at once, by the terror she experienced at the sight of the actual cautery which he was about to apply. On the same principle as that which guided Zacchias and Foderé, the actual cautery was applied, ineffectually, to the soles of the feet of one bold villain, for several days : on the third day, however,

¹ e. g. Mahon, *Médecine Légale*, vol. i., p. 340. Beck's Medical Jurisprudence, p. 409. Ryan's Medical Jurisprudence, p. 291.

² *Traité de Médecine Légale*, vol. ii., p. 461.

of its application to the neck, some signs of repugnance to it were evinced, which ended in a declaration of innocence, and the exposition of the simulation.¹

In no case, however suspicious, is the medical practitioner authorised to go beyond the employment of means of a strictly professional kind. He may indeed use all the artillery of annoyance supplied by medicine, and he may even, as I have mentioned above, *threaten* extra-professional infliction; but he must never go beyond this line. When convinced of the imposition in the case of a soldier or sailor, it is the duty of the medical officer to state his opinion to his military superiors. The *punishment* of such a crime is altogether foreign to his station and profession.

28. In criminal acts, a trait which has been greatly relied upon as a criterion in doubtful cases, is the design, or contrivance, that has been manifested in the commission of the criminal act. Ray remarks, "that it should ever have been viewed in this light, is an additional proof, if more were wanting, of the deplorable ignorance that characterises the jurisprudence of insanity; for the slightest practical acquaintance with the disease would have prevented this pernicious mistake."²

29. Dunlop thinks that the best mode that has yet been discovered for forcing a man who feigns madness, to confess deceit and to desist from his imposture, consists in the use of the whirling chair; that is, a chair placed upon a spindle, which revolves upon its own axis, and is turned by a wheel and crank with the rapidity of the fly of a jack. It produces vertigo and nausea, and if continued a sufficient time vomiting and even syncope; after two minutes of such discipline few men can command spirits sufficient to act any part.³ It was by this means that Macdougall of Glasgow was rendered sane, when he feigned madness to avoid being tried for sinking

¹ Annales d'Hygiène Publique, vol. ii., p. 392.

² Medical Jurisprudence of Insanity, pp. 38, 39.

³ Dunlop's Ed. of Beck's Med. Jurisprudence.

ships; but he betrayed himself by the common fault of impostors, not having "a method in his madness," but mixing up the two irreconcilable characters of

"The moping idiot and the madman gay."

A case is related in the United Service Journal, for November 1829, in which this mode of treatment succeeded, after every other remedy and means of treatment had been for a long time tried in vain. The impostor was a soldier in the Honourable East India Company's service. This most persevering and determined malingerer was placed in the whirling chair, which had an immediate satisfactory effect: on coming out of it, he confessed that all along he had been imposing on the medical officers.

29. In this, as in all other feigned diseases, impressing the impostor with the hopelessness of his attempt to succeed in gaining his object, will be found the most effectual means of putting an end to the simulation. A few words intentionally dropped in the patient's hearing, but as if incidentally, expressive of the expectation entertained by the medical attendant, that the case would be cured, and of intended perseverance in the treatment then pursued, have often proved prophetic. Instances have been related to me of a stop being almost immediately put to simulated madness, by sending the soldier to the dépôt for the insane.

It is fortunate that the very treatment most suitable to the recovery of persons really deranged, is that which is most intolerable to the impostor. None but the most determined characters will be long able to resist the seclusion and treatment appropriate to the peculiar forms of insanity they have assumed.

There are, perhaps, some substances in nature capable of producing true madness; but then, either this madness is of no long duration, and the fraud will be soon discovered, or if it be prolonged, it is accompanied by symptoms which will develop

the cause, and indicate to the physician the treatment which he ought to employ for its cure.¹

In concluding this article, it is advisable to notice the circular from the Army Medical Department, dated 22nd January, 1838, wherein it is stated, that “there are two important circumstances always to be considered: *first*, Whether the mental affection is of that degree which completely disqualifies a man for being a useful soldier; *second*, Whether his mental alienation or weakness is sufficiently conspicuous at all times to prevent his being approved by a medical officer should he be discharged and subsequently re-enlist.”

MONOMANIA.

In this form of mental disease, the permanent delirium is confined to one object, or to a small number of objects. The sufferers are pursued day and night by the same ideas and affections, and they give themselves up to these with profound ardour and devotion. They often appear reasonable, until roused by some external impression to the diseased train of thought.

The character of this form of insanity is very various, depending on the species of delusion that is present. Some fancy themselves deities, kings, &c. &c.² Some, when suffering under this form, are excessively irascible, and are hurried into a violent passion or fury, without any apparent motive; at such times they often become dangerous to themselves and those around.³

This description of lunatics “eat much, but sometimes they endure hunger with great obstinacy; they have frequent pains

¹ Mahon, *Médecine Légale*, vol., i. p. 343; also, Percy and Laurent. Beaupré seems to be of the same opinion, as he says, “L’ingestion de substances particulières et vénéneuses dont la connoissance devrait toujours rester profondément cachée au vulgaire, produit la faiblesse du poulx, la folie furieuse, les palpitations, et la goutte serene.”—*Memoire sur le choix des Hommes propre au Service Militaire*.

² For a strikingly illustrative case, see Foderé, *Traité du Délire*, vol. i., p. 385.

³ Beck’s *Medical Jurisprudence*, p. 397. See also Esquirol, p. 10.

in their bowels, and costiveness is common. The pulse is full, hard, and strong, and the skin warm."¹

The form of Monomania termed Melancholia, is a disease of mature age, rarely affecting young and athletic individuals, though often affecting very young persons.² Its causes operate most powerfully at the age of puberty, at which time the disease is remarkable for its rapid progress and height of excitement; in adult age it is more chronic. This disease is characterised by a peculiar appearance, and particularly by black hair and eyes; by a striking cast of countenance, as the complexion is either yellow, brown, or blackish. The physiognomy is wrinkled and languid, but the muscles of the face sometimes become convulsively tense, and the countenance full of fire.³

The pupils of the eye are dilated, the eyes themselves are dull and muddy looking, rolling heavily on surrounding objects; generally they are fixed with an unmeaning stare on vacancy. The adnata is commonly of a dull purplish red colour. Holding a strong light near the eyes produces a very transient effect.⁴ There is great apprehension, accompanied by indifference as to personal comfort. The state of reverie and delusive ideas gradually become more fixed, till the sufferer becomes, as it were, inanimate, motionless, and speechless,—a fixed position of the body is a common attendant.⁵ Overwhelmed by the painful sentiment he presents the very image of sadness. His countenance is pale or sallow, his face altered, his brow furrowed. He complains of a sense of weight or emptiness, or of uneasy sensations in the head. The pulse is extremely vacillating, generally slow and feeble, yet labouring. The skin is dry and burning.⁶ The extremities cold, and bathed in a clammy sweat.⁷ The tongue is brownish yellow, furred,

¹ Parkman. ² Medico-Chirurgical Review, vol. i., p. 251.

³ Beck's Medical Jurisprudence, p. 397.

⁴ Hill, Essay on Insanity, p. 98.

⁵ A case occurred to Dr. Rush, in which the patient sat with his body bent forward for three years, without moving, except when compelled by force, or the calls of nature.

⁶ Knight, Observations, etc., on Derangement of the Mind, p. 116.

⁷ Knight, ut cit. Prichard, op. et loc. cit.

with intensely red edges. Most of the secretions are defective; the digestion and appetite are impaired; and hunger is sometimes endured with great obstinacy, though sometimes there is a keen and voracious desire for food, and every thing eatable is greedily devoured. Constipation, flatus, eructation, and abdominal heat and pains are common. The urine is pale, thin, and cloudless, unless morbidly retained. There is usually great thirst for cold drinks; and a peculiar odour is perceptible from their bodies. Watchfulness is common, and sleep, when present, broken by visions and frightful dreams; the senses only being asleep while the mind is awake, heat, cold, rain, wind, light, noise, and all physical agents affect them inordinately. They are often sane, except on the subject of their delusion.¹ There are few monomaniacs whose delirium is not exasperated every two days. Many have a strongly marked remission in the evening, and after meals; others are exasperated at the beginning of the day, or at the approach of evening.² It has been observed that the symptoms are aggravated by the recumbent posture.³ Monomania is seldom feigned from the difficulty even to the most accomplished impostor of acting up to he assumed character.⁴ The form which is commonly pretended is melancholia. But the attempt to feign melancholia is much more difficult, according to Dr. Haslam, than to pretend mania, and Scott, Forbes, Marshall, in the *Cyclopædia of Practical Medicine*, are of a similar opinion. They state, that nothing but the careful observation of the quiet, half-rational insanity of the melancholic or monomaniac can qualify an individual for the simulation. Ray likewise states, that partial insanity, in consequence of the superior difficulty of the

¹ It is astonishing how vividly the morbid impression is retained in some cases through the long lapse of years. An interesting case is related in Beck, p. 399; also in Hill's Essay, p. 421. ² Parkman, Haslam on Insanity, p. 80.

³ Haslam, ut cit. Quid intersit inter melancholiam et furorem, nimirum, quod illa affecti in quiete sint, timidi, tristes, animaque demisso, hæ autem laborantes in perpetuo motu sine ulla requie, audaces et iracundi.—Zacchias, Quest. Medico Legales loc. cit. ⁴ British and Foreign Medical Review, vol. x., p. 137.

attempt, is much less frequently simulated, and with a much smaller degree of success, than the general form of the disease.¹

The true melancholic seeks to shut up within himself his sad ideas, or at least he speaks but little of them, and betrays himself less by his discourse than by his physiognomy, his countenance, gestures, and whole external habit. The signs indicative of it are the more apparent, the less he believes himself observed: the contrary takes place in simulated melancholia, unless one has got to deal with an experienced impostor. The simulator is deficient in the presiding principle, the ruling delusion, the unfounded aversions, and causeless attachments, which characterise insanity. He is unable to mimic the solemn dignity of characteristic madness, nor recurs to those associations which mark this disease; and he wants the peculiarity of look which so strongly impresses an experienced observer.²

His feelings are not so concentrated as to be almost inaccessible to impressions unconnected with the subject of his melancholy. No moral abyss separates him from all objects and sentiments that present no relation to his fears or delusions.

No periodicity or exacerbation characterises his disease.

It is most difficult for him to sustain his part, and to cause no false vibration of the cord upon which his exclusive idea is accounted to depend.

The mental and physical peculiarities of partial mania are of a kind that do not obtrude themselves on the observation; and instead of loudly proclaiming his crazed condition, and soliciting the attention of the beholder, some investigation is required in order to discover them. This, however, is contrary to the purposes of the simulator; which require an immediate and powerful impression to be produced on the minds of his supervisors.

In the simulation of this form of the disease, the hallucina-

¹ Medical Jurisprudence of Insanity, p. 318.

² Haslam's Med. Jurisprudence of Insanity, p. 323.

tions are not only frequently changing, but when questioned concerning them, the person is very likely to shape his answer without any reference to the subject, and embrace the opportunity to introduce a new insane idea.

The real monomaniac never troubles himself to make the subject of his delusion accord with other notions having relation to it, and the spectator wonders that he fails to observe the inconsistency of his ideas, and, that when pointed out to him, he should seem indifferent to, or unaware of this fact. In the simulator, the physician will discover an unceasing endeavour to soften down the palpable absurdity of his delusions, or reconcile them with correct and rational notions.¹ This marked anxiety to produce an impression, is widely different from the reserve and indifference of the real disorder, and will of itself furnish almost conclusive proof of simulation.

Marc states, that a real monomaniac is strongly prejudiced in favour of his opinions; that the slightest contradiction excites his temper; while the simulator readily overlooks this essential point in his part, if the contradiction be skilfully managed.

The taciturnity peculiar to the real subjects of monomania frequently leaves the simulator at fault; since the complaints of the latter, when certain of being seen or heard, and his repugnance at dwelling in solitude, are not met with, or at least not in the same degree, in the true monomaniac.²

The pretender will be more readily detected when he is observed less by one's self than by others. Besides, it is better to interrogate upon his conduct the people who surround him, and afterwards to bring forward their testimony against him, than to charge these persons at once with his surveillance; for he will perhaps penetrate their intentions, and put their sagacity at defiance.

Some writers state that those persons who feign diseases from inexplicable causes, are in fact monomaniacs, and that this

¹ Ray's Medical Jurisprudence of Insanity, pp. 318, 319.

² Dict. de Médecine, art. Aliéné.

simulation of disease constitutes, in fact, and is the characteristic of, a variety of monomania.

Besides the differential characteristics already given, it may be remarked, that many of the peculiarities diagnostic of general mania, are no less so of partial mania, such as sleeplessness, insensibility to opium, &c. This part of the subject is therefore continued under the general head of MANIA, where the general rules for detection are more fully specified.

Erreur de Sentiment.—It is not impossible that a man, to obtain a desired end, should simulate perverted and depraved feelings and affections,—(Prichard; *Erreur de Sentiment* of Esquirol; WAHNSINNIGE MELANCHOLIE, WAHNSINNIGE NARRHEIT of Hoffbauer,¹) nevertheless it appears, that in general a simulation of this kind would produce more obstacles to the design of an impostor than he would be able to clear away, on account of the surveillance which is exercised over such individuals.

It is not rare to see persons advance, for the deceit of others, things which, if they themselves believed, would incontestibly prove them to be lunatics;—such are fanatics pretending to divine revelations, &c., demonomaniacs. In such cases, one must suppose the aberrations to be feigned, as it would be against the interests of the impostors to pass themselves off as mad.

It is difficult for an individual to simulate erroneous perceptions, —*erreur de sentiment*—so as to avoid a punishment which he may have incurred for the commission of a crime. But such perverted and depraved feelings and affections as are simulated by those who give themselves up to furious transports and voluntary convulsions, may so gain upon them, that unconsciously they may deceive themselves. The most certain proof of simulation in such a case is, that when the individual believes himself to be

¹ Reine Tollheit, and Reine Melancholie of Hoffbauer—simple madness of excitement and simple melancholy—are brought under one category by Heinroth, but with an imperfect conception of their relation.—*Störungen der Seelenlebens, th. ii. Formenlehre.*

alone, he loses his energy, forgets his game, changes the expression of his countenance, and otherwise soon betrays himself. The simulator of *erreur de sentiment* is frequently recognised by his want of knowledge of that which he imitates. As he thinks it sufficient to appear to want understanding, he commits, at one and the same time, actions which contradict each other—one being a symptom of mania, another that of dementia.

In simulations of *erreur de sentiment*, that species of disease which is the consequence of weakness of the feelings, will generally be preferred, as that is the variety which manifests itself most strikingly. But we have a number of means of assuring ourselves of the integrity of the feelings: besides, it is impossible to simulate the physical weakness which is conjoined to this species of mental infirmity.

MORAL INSANITY.

Under the lately disputed, though now well established, form of mental disease termed *Moral Insanity*, we have to consider HOMICIDAL MONOMANIA, as it is incorrectly termed, which is merely a variety of this species of mental alienation, and which chiefly comes under our notice in a medico-legal point of view.

The term Moral Insanity has been adopted, because physicians have not been able to detect any delusion or hallucination in the persons affected. The intellectual faculties appear to have sustained but little injury, whilst the feelings and affections are perverted and depraved, and the power of self-government is lost or greatly impaired.¹ Dr. Prichard, in a late essay, has proposed the following definition: "Moral Insanity, or madness, consists in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect, or knowing and reasoning faculties, and particularly without

¹ Dr. Prichard, art. Insanity, in *Cyclopædia of Practical Medicine*.

any maniacal hallucination.¹ In some instances, the *impulses* and propensities to which the patient is subject, or which he has indulged, are so exalted or disordered as to constitute the sole manifestations of insanity, as ably insisted upon by Reil, Hoffbauer, &c.² Dr. Pagan states, that “disease of the moral faculties may exist, when it is impossible to discover any intellectual disorder.”³ Pinel adopts the term *manie sans délire*. He says, that persons labouring under this form of disease display at no period any lesion of the understanding, but are governed by a sort of instinctive madness,—“*instinct de fureur*,”—as if the affections alone had sustained injury from the morbid cause,—“*Comme si les facultés affectives seules avaient été lésées*.”⁴ Amongst these is an unusual prevalence of angry and malicious feelings, arising without provocation or ordinary excitement.

Marc relates facts, which, he observes, display a struggle in the mind of the individual between the instinctive desire which constitutes the whole manifestation of disease, and the judgment of the understanding still unaffected and struggling against it.⁵ Prichard remarks, that “individuals labouring under this disorder, are capable of reasoning or supporting an argument on any subject within their sphere of knowledge, and often display great ingenuity in giving reasons for their eccentric conduct, and in accounting for and justifying the state of moral feeling under which they appear to exist.” Their intellectual faculties, in one sense, may be said to be unsound in the same way as those whose judgments are warped, and the exercise of whose understandings is impeded by the influence of strong passions. In such circumstances even those who are accounted

¹ Cyclopædia of Pract. Med., vol. ii., art. Insanity, p. 12.

² Copland, Dict. Pract. Med., vol. i., p. 446.

³ On the Medical Jurisprudence of Insanity, p. 23.

⁴ Traité Médico-Philosophique sur l'Aliénation Mentale, par Ph. Pinel, sec. edit., Paris, 1809.

⁵ Consultation Médico-Légale pour H. Cornier, femme Berton, accusée d'homicide, par M. Marc, etc., chez Roux.

sane, are proverbially liable to error both in judgment and conduct. "There are madmen," Esquirol observes, "in whom it is difficult to discover any traces of hallucination; but there are none in whom the passions and moral affections are not disordered, perverted, or destroyed. I have in this particular met with no exception." Spurzheim defines insanity to be either a morbid condition of any intellectual faculty, without the person being aware of this, or *the existence of some of the natural propensities in such violence, that it is impossible not to yield to them*. Dr. Elliotson suggests, that there should be included in the definition, the idea of such irresistible violence as *leads to criminal acts*.¹

In many cases crimes have been perpetrated without any fixed object or motive, and the punishment of the law has overtaken the victim of disease.

It is under this division of insanity that the commission of acts of violence frequently occurs. In many it displays itself in an irresistible propensity to commit murder—(homicidal moral mania, *monomanie homicide*, *monomanie meurtrière*, *melancholie homicide*, *instinctive monomania*, of authors;) and suicide (*suicidal monomania*)—in others to commit theft: in some the principal or sole manifestation is a propensity to break or destroy whatever comes within reach of the individual. Many lunatics of this class have felt themselves impelled to set fire to buildings, often of the most venerable description—(*monomanie incendiaire* of Esquirol, *pyromanie* of Marc). We are told, that, when this state is connected with the false belief of some personal injury actually sustained, "it does not come under the head of moral insanity"—there is an hallucination, or erroneous conviction of the understanding. "But if the morbid phenomena include merely the expression of intense malevolence, excited without ground and provocation, actual or supposed, the case is strictly one of moral insanity."² There are some in whom

¹ London Medical Gazette, vol. viii., p. 168.

² Dr. Prichard, op. et loc. cit.

the disease commences and ends in intense irascibility.¹ In some there is an inordinate propensity to lying.²

Nostalgia and erotomania have been considered as disorders of sentiment: satyriasis and nymphomania of the physical feelings. We have only to do with the homicidal and suicidal forms, and nostalgia.

It must be remarked that no such disorder as moral insanity has been recognised in the English courts of judicature; or even in general admitted, and even now only in a few instances, by medical writers in England. It has been laid down by them that insanity consists in, and is co-extensive with mental illusion. English writers in general only admit that form of insanity which the Germans term *wahnsinn*: they know little of moral insanity, either as requiring control in the exercise of civil rights, or as destroying or lessening culpability in criminal ones.

Owing to the prevalent erroneous judgment both of medical and legal writers, that *delusion* constitutes the essential character of insanity, it would probably be (and has been) found very difficult to maintain a plea on the ground of insanity in this country, with a view to the removal of culpability in a criminal accusation, unless the existence of this characteristic phenomenon should be proved.

Facts well authenticated, and the opinions of practical men, established upon the ground of experience, authorise a very different conclusion. The importance of which is more than a sufficient apology for the length of this article.

Abroad, Otto, Esquirol, Gall, Spurzheim, Broussais, Orfila, Andral, Marc, Georget, Michu, Guislain, Ray, Rush, Reil, Platner, Ethmuller, Henke, and many others, have avowed their belief in the various forms of homicidal insanity: while in

¹ Some complain, lie, quarrel. You cannot find a single idea truly foolish; the *lirium* is in their actions and moral sentiments. The judgment only becomes inverted when the disease is at its height.—Leuret, *Annales d'Hygiène*, vol. i., p. 284

² Ray's *Medical Jurisprudence of Insanity*, p. 174.

this country, Dr. Prichard, Elliotson, Burrow, Mayo, Pagan, Combe, Conolly, Dr. Wake of York, Drs. Bompas Fox, and Symonds of Bristol, Mr. Hitch of Gloucester, and many others, are among the supporters of the doctrine.

The German writers, Hoffbauer, Reil, and Heinroth, admit, more or less distinctly, the existence of moral insanity, or of a mental disease consisting exclusively in undue and morbid excitement of the passions and feelings. But neither they nor Pinel have assigned to moral insanity so general a description as the truth warrants, nor have they referred to it all the different forms which really belong to it.

HOMICIDAL MORAL INSANITY. *Fureur maniaque*, Fodere; *monomanie homicide*, Esquirol; *manie sans délire*, Pinel.

The term homicidal monomania, as well as suicidal monomania, infanticidal monomania—probably arising from a deference to Esquirol, who, in his “*Note sur la Monomanie Homicide*,” p. 4, makes a division of this form of disease—is assuredly an erroneous designation, unless the sense of *monomania* is to be changed. That term, Dr. Prichard remarks, is always used to express *partial illusion*, or intellectual derangement affecting only a certain train of ideas; whereas, in connexion with the homicidal impulse now under consideration, there is confessedly no delusive opinion impressed on the belief, and the intellectual faculties are wholly unaffected. It has been proved, for more than thirty years, by the valuable researches of the celebrated Pinel in mental alienation, that a sanguinary instinct may be accidentally developed in the most virtuous man, and may carry him, often irresistibly, without any reasonable motives, to the most terrible excesses; and although this truth has been clearly demonstrated by most remarkable facts, it has rarely been taken into consideration by the tribunals of justice, especially in France, and is even there repelled by judges as a fatal error. Its existence has been treated as a mere fancy, invented for the purpose of paralysing the hands of justice. The law thereby denying the existence of such a state as

diseased volition, or diseased comparison. It is worthy of notice, that a civil act is taken by the law to furnish evidence of insanity, while a criminal act is not. Our best ecclesiastical judges have repeatedly held that a will or contract itself furnishes the best and sometimes the only evidence of the insanity of a party. This position being correct, beyond doubt, why should not the rule be equally applicable to criminal cases? Dr. Georget believes that madmen have died upon the scaffold, and that others have undergone every mark of infamy. Marc likewise observes that (homicidal monomania) has brought to the scaffold many deplorable victims, who merited compassion rather than punishment.¹ Prichard also states, that it is not to be doubted that men have been occasionally executed as criminals, who, if they had been kept in confinement, would have proved to be insane.² Ray states, that of the double homicides to which this affection has given rise, there can be no question which is most to be deplored; for shocking as it is for one bearing the image of his Maker to take the life of a fellow-being with brutal ferocity, how shall we characterize the deliberate perpetration of the same deed under the sanction of law, and with popular approbation.³ It has been well remarked, that until the existence of moral insanity is distinctly recognized, there will always be a danger of this event ensuing on the trial of mischievous lunatics.⁴ Esquirol, who at first was scarcely inclined to believe in the existence of homicidal monomania, has within some years had several occasions to acknowledge that Pinel had well observed the disease, and that the malady really exists; he even goes so far as to assert that "madness without delirium or hallucination is the proper characteristic of mental derangement."

Murder, or attempts to murder, are made by insane persons from various causes:—1st. When impelled by an involuntary impulse, or instinctive desire, which they are unable to resist.

¹ De la Folie, etc., vol. ii., p. 68. ² Cyclop. of Pract Med., vol. iv., p. 54.

³ Med. Jurisprudence of Insanity, p. 180. ⁴ Prichard, ut antea cit.

2nd. When actuated by motives on which they are capable of reasoning, and whilst conscious of the evil they have committed.

3rd. When influenced by illusions, hallucinations, or false perceptions.

4th. When excited by passion or opposition.

5th. When they believe that they are opposing an enemy against whom they should defend themselves.

6th. When the intelligence is so prostrate as to be incapable of distinguishing right and wrong, and when they act from imitation.

Homicidal monomania, says M. Esquirol, presents two well marked forms; namely, with or without delirium or hallucination. In the first form, the murderer is hurried on by a strong but delirious conviction, by the exaltation of a wandering imagination, by false reasoning, or by maniacal passions; is always excited by an acknowledged and unreasonable motive; the understanding is disordered under the influence of a false perception, or of a delusion momentarily entertained, and the insane person acts under an error of judgment, and always offers sufficient signs of partial aberration of intelligence or of the passions. This class is undoubtedly *monomania*—partial intellectual mania—and should not be connected with the others. The union has been justly condemned by Dr. Prichard, since the very term monomania implies a *partial illusion*, the absence of which is the essence of moral insanity.¹ In the second form, the homicidal moral maniac shows no appreciable alteration in his intelligence or passions. Reasoning and judgment are suspended; he is led on by a blind instinct—by an idea—by some undefinable feeling—which prompts him to kill.

¹ The melancholy results of fanaticism, which are so abundantly recorded in the pages of history, are but other modifications of this homicidal insanity. Thus in Denmark, at one time, a number of individuals were found, who imagined, that by committing premeditated murder, and being afterwards condemned to die, they would be the better able to prepare for death and work out their salvation. Capital punishment could not stop this.

This insane impulse impels and directs the will without any effort of the understanding or of the moral powers to prevent the act. Even when his conscience recoils with horror from the act which he is about to commit, the unbalanced will is overcome by the force of that feeling which hurries him on. The man is deprived of his moral liberty—he is a prey to partial mania—he is morally insane. In this species of madness (homicidal moral insanity) no intellectual disorder can be observed. The murderer uninfluenced by delirium, or emotion, or passion, and almost without consciousness, is led on by an irresistible power; by a force which he cannot overcome; by a blind and instantaneous impulse; by an undeliberated determination independent of the will, and before which reason and judgment are for a moment entirely prostrate; one cannot divine that which prompts him—without interest, without motive, without intellectual aberration,—to an act so atrocious, and so contrary to the laws of nature.

This subject is most important in relation to suicide; inasmuch as the morbid or irresistible impulse to destroy oneself is analogous, is similarly manifested, and much more frequently so, than the impulse to destroy another.¹

Not only do the individuals of whom we speak preserve among themselves the greatest resemblance, and present characters similar to monomania, or those of moral insanity, but they essentially differ from criminals. Acts of homicide perpetrated or attempted by insane persons, have generally, perhaps always, been preceded by some striking peculiarities of action, noted in the conduct of the same individuals: often by a total change in character, strongly contrasting with their natural manifestations, while those of criminals correspond with the tenor of their past history or character.

The same individuals have been discovered, in many instances, to have attempted suicide—to have expressed a wish for

¹ For confirmation on this point, see Fabret, *De l'Hypochondrie et du Suicide*, p. 170, et seq. Paris, 1822.

death ; sometimes they have begged to be executed as criminals. Criminals never conform to this rule.

Homicidal moral maniacs are lonely, without accomplices who can excite them, by their counsels or their example, and are frequently hereditarily predisposed to insanity. Criminals have their companions in immorality and debauchery, and usually their accomplices, and do not exhibit this predisposition. In the history of the homicidal moral maniac, it will be found that the impulse to destroy has been powerfully excited by the sight of murderous weapons, by favourable opportunities of accomplishing the act, by contradiction, disgust, or some other equally trivial, and even imaginary circumstance.

The criminal has always a motive ; the murder is for him only the means to an end ; it is to satisfy a more or less criminal passion, and has an obvious reference to the ill-fated victim, and is nearly always complicated with some other criminal act. The reverse is the case in the homicidal moral maniac. Murder is the only object in view, and is never accompanied by any other improper act. The absence of the usual criminal motives is a matter of great importance ; indeed this is, in a great measure, the only evidence of the existence of this species of homicidal mania. No motive for the crime existing, no act ulterior to the murder is committed.

The criminal never sheds more blood than is necessary for the attainment of his object ; the homicidal moral maniac often sacrifices all within his reach to the cravings of his murderous propensity.

The criminal lays plans for the execution of his designs ; time, place, and weapons are all suited to his purpose. The homicidal moral maniac, on the contrary, for the most part, consults none of the usual conveniences of crime ; he falls upon the objects of his fury, oftentimes, without the most proper means of accomplishing his purpose ; and, perhaps, in the presence of a multitude, as if expressly to court observation. If, as sometimes happens, he does prepare the means, and calmly

and deliberately executes his project, his subsequent conduct remains the same. Premeditated are, in some instances, the acts of the madman, but his premeditation is peculiar and characteristic. The absence of precaution in the mode of committing the crime is brought forward as in some measure *proving* the existence of moral insanity, by Dr. Pagan. But the *mere absence* of precaution is a doubtful ground for judgment; since many sane criminals show great want of foresight and precaution, and many insane display the greatest cunning.

The criminal selects his victims from those who may present obstacles to his designs, or who may inform against him. The acts of the moral maniac are in opposition to the influence of all human motives; he immolates those beings to whom he is indifferent, or who have the misfortune to come in his way at the time when he is seized with the idea of murder; but more frequently he chooses his victims among those who are most loved and cherished by him; and it is remarkable how often they are children, and especially his own offspring. A mother kills her infant, and not the child of a stranger;¹ a husband destroys the wife with whom he has lived in harmony for twenty years; a daughter wishes to murder the mother whom she adores. Is not this horrible propensity observed in maniacs? Is it not an evident proof that neither the reason, the feelings, nor the will have directed the choice of the victim; and that, consequently, there has been an aberration of those faculties which govern our determination?

When the criminal has consummated his crime, he flees from pursuit—he conceals himself, or makes every effort to avoid discovery. If taken, he denies it; he has recourse to all possible means of deceit, in order to mislead; if he avows his crime, it is when he is overwhelmed by the weight of conviction; even

¹ A curious form of homicidal moral insanity is that which occurs in women in connexion with the changes produced in their system by parturition, menstruation, and lactation. For cases see Ray's Medical Jurisprudence of Insanity, pp. 818—193.

his confession is accompanied by concealments ; and most frequently he denies all till the instant of his suffering, hoping to the last to escape the grasp of the law.

The subsequent conduct of the unfortunate moral maniac is generally characteristic of his state. When he has accomplished his momentary design, he has no more upon his thoughts : he has killed, he has finished everything, his end is attained ; after the murder, he is collected, and does not think of concealment. He testifies neither remorse nor repentance, nor satisfaction. Sometimes, satisfied, he proclaims that which he has done, and surrenders himself to the nearest magistrate ; and describes the state of mind which led to the perpetration of the deed. He is little affected by the fear of the punishment of death ; but there is reason to believe that, in the majority of instances, this punishment acts as an additional motive to the commission of crime. In a large majority of cases of homicide, the punishment of death is fully contemplated, previously to the commission of the act ; and the subsequent confession and voluntary surrender of the guilty party in each instance, is, in fact, a sort of indirect suicide added to the first crime, and intended to form part of the transaction. In some cases it seems, indeed, as if the murderer considered that in surrendering himself to death, and gratifying the suicidal propensity, he achieved a kind of moral expiation of his crime ; and that it is by contemplating this course that he reconciles it to his views of equity. In a great proportion of cases of homicide, the result of moral insanity, the homicide is followed by the direct suicide of the culprit.

Sometimes, after the consummation of the crime, he recovers his reason, his passions arise from their slumber, he is in despair, invokes death, and wishes to destroy himself. Sometimes he remains stupified and overcome by a horrible consciousness of having been the agent in an atrocious deed. If he is delivered up to justice, he is morose, sad, uses no dis-

simulation, no artifice, but immediately reveals calmly and candidly the most secret details of the murder; if judicially condemned, acknowledges, perhaps, the justice of his sentence.

Some plead insanity in defence of their conduct, or an entire ignorance of what they did; others deny that they laboured under any such condition; and, at most, acknowledge only a perturbation of mind.

The very few only who flee, and persist in denying the act, show to an intelligent observer, the strongest indications of insanity. It scarcely requires to be stated, that it is a well-known fact, that the inmates of lunatic asylums, after having committed some reprehensible acts, often persist in denying their agency in them, in order to avoid the reprimand or punishment which they know would follow conviction.

Although proofs of other members of the individual's family having been insane is inadmissible as evidence in our courts of law, it seems inhuman to reject such collateral evidence in obscure cases of homicidal monomania; seeing that upwards of one half the cases that occur can be traced to hereditary origin.

Pinel relates the case of a self-willed, violent boy, encouraged by his mother in every caprice and passion. The slightest opposition produced actual violence—any animal that offended him was put to death. As he grew up, he was constantly engaged in broils, and ended his career by murdering a person who used offensive language to him. On his trial, this course of conduct was adduced as a proof of his insanity; and he was condemned to perpetual confinement in the Bicêtre. Many other cases, equally instructive as convincing, are detailed by Ray, which render incredulity anything but a virtue.

The differences between homicidal moral maniacs and criminals are too well defined; indeed a stronger contrast can hardly be imagined; the resemblances between moral maniacs and the mad are too constant for any one to confound the homicidal moral maniac with the criminal. They can hardly be

separated from maniacs, who have a partial and fixed hallucination.

Dr. Georget says, that we may conclude that there exists a homicidal monomania, sometimes with aberration of the understanding—sometimes with perversion or abolition of those faculties which govern the passions; that in the two cases the man is deprived of his moral liberty;¹ that there exist characteristic signs of this species of mania, and that it is possible to distinguish the homicidal monomaniac from the criminal, at least in the great majority of cases.²

Marc says that, unfortunately, he can perceive no other means of ascertaining this wretched state, in which an instinct, at the same time destructive and irresistible, hurries on its victim to the commission of crimes the most abhorrent to nature, except a confinement indefinitely prolonged, during which he should be observed at those moments when he is excited by this dreadful propensity. Then, if it be real, an extreme agitation will be perceived, with flushings of the face, eyes sparkling, and perhaps also, as in cases of propensity to suicide, the most highly wrought state of hypochondriacal excitement. He, however, afterwards states, that “the moral circumstances which precede or accompany crimes, generally shew whether they are the result of criminal intention or derangement of intellect; that is

¹ Dr. Prichard expresses himself fully on this point; he says, “On the whole, it seems to us fully manifest that there is a form of insanity existing, independently of any lesion of the intellectual powers, in which, connected in some instances with evident constitutional disorder, in others, with affections of the nervous system, excited, according to well-known laws of the animal economy, a sudden, and often irresistible impulse is experienced to commit acts which, under a sane condition of mind, would be accounted atrocious crimes.”—Prichard, *Cyclopædia of Practical Medicine*, vol. iv., p. 53:

² Vide *Nouvelle Discussion Médico-Légale sur la Folie, ou Aliénation Mentale*, par Dr. Georget; also the *Medico-Legal Observations on Homicidal Monomania*, by Dr. Brière, which offer several curious facts. Important information on this subject will also be found in *Discussion Médico-Légale sur la Folie*, par le Dr. Georget, Paris, 1826; in the “*Examen Médical des Procès Criminels des nommés Leger*,” etc., par le Dr. Georget, Paris, 1825. See also *Matériaux pour l'Histoire Médico-Légale de l'Aliénation Mentale*, par M. Marc. *Annales d'Hygiène Publique et de Médecine Légale*, Paris, 1830.

to say, that in a real criminal, there is always some motive of personal interest, by which the moral cause of his act may be known." Still, after all, it cannot be doubted that there must be instances extremely difficult of discrimination, but this admission does not alter the matter of fact, or change our conviction, that disease leads in some cases to homicide, although the faculties of the understanding are at the same time unclouded by any illusion;¹ or that the physician possessed of a thorough knowledge of insanity and human nature, will find his way through the mists of doubt or obscurity in which he is involved.

At the end of the fifteenth century, Marescot, Riolan, and Duret, charged with the examination of Marthe Brossier, accused of sorcery, terminated their report with these remarkable words—

"Nihil a demone, multa ficta, a morbo pauca."

It may be said, in characterising the murder of moral maniacs,

"Nihil a crimine, nulla ficta, a morbo tota."

The subject of homicide, resulting from this form of insanity has been thus largely dwelt upon, because it is the most important and characteristic trait; but other criminal acts have been committed under circumstances which left no doubt of their resulting from mental disorder, while yet of that disorder illusion formed no part.

Dr. Copland is of opinion, that persons who have been influenced to perpetrate this and other crimes by the insane impulse will be found in most, if not in all instances, while thus *morally* affected to be also *physically* disordered; if the examination be made with sufficient care, and with the requisite knowledge of the several manifestations of gradual and insidious disease of the brain, and of the abdominal organs. A most attentive examination of the various functions of the brain, and of the senses connected with it; of the temperature and circulation of the head; of the functions of those viscera which most rea-

¹ Dr. Prichard, Cyclop. of Pract. Med., vol. iv., p. 53. Esquirol.

dily sympathise with the brain, and which so powerfully influence both its actions and its circulation, and even of the appearance of the tongue, and of the several excretions, will generally disclose more or less disorder in one or more of these quarters, and prove, that although there may not be very obvious disease, there is lurking mischief, either primarily or consecutively, but always most seriously affecting the brain. He states, that the closest observation, from experience, will look for it and detect it more readily in the sympathies, and in the symptomatic affections of the remote parts, than in disorders of more closely related organs. Ray likewise states, that, in nearly all, the criminal act has been preceded, either by some well-marked disturbances of the health, originating in the head, digestive system, or uterus, or by an irritable, gloomy, dejected, or melancholic state; in short, by many of the symptoms of the incubation of mania.

DEMENTIA.

The understanding and memory of those suffering under the various forms of this disease are either totally, or to a very great extent, impaired: yet, on a few points, the latter seems to be in a perfect state. "Habit, however, has a great influence on their conduct, and gives it an appearance of regularity which should not be mistaken for reasoning."¹

They hate, love, or fear particular individuals uniformly, and kindness or attention will seldom, if ever, give them confidence in those they dislike. "They are forgetful of the past, and are totally indifferent as to the present and future."²

They are usually calm and quiet, though occasionally short periods of fury supervene; they sleep much and soundly, enjoy a good, sometimes a voracious appetite, and are apt, if neglected, to become slovenly and dirty in their appearance.³

¹ Parkman. ² Georget.

³ Esquirol gives a case which will give a general idea of this class in its usual form, vide *Medico-Chirurgical Review*, vol. i., p. 270.

The ideas, though few and isolated, sometimes pass in rapid or alternate succession, giving rise to incessant babbling and unwearied declamation. This propensity to talk is mostly observable when the individual is alone, or supposes himself to be alone;¹ also to continual activity, without object or design. Occasionally they assume a menacing air, without any real anger, and this is soon succeeded by immoderate laughter.² Some remain for days or weeks without uttering a word, or betraying, by look or gesture, the least consciousness of external impressions. They are particularly deficient in forethought, and in strong and durable affections, and they generally labour under a certain uneasiness and restlessness of disposition, that unfit them for steady employment.

The appearance is generally peculiar, the countenance pale, the eyes dull and moist, the pupils dilated, and the look motionless and without expression; occasionally the features are distorted from relaxation of some of the facial muscles.

There is a variety as to emaciation or fatness: some are extremely thin, while others are corpulent; in these latter the face is full and the conjunctiva occasionally loaded.

Imbecility in the first degree will rarely be counterfeited, from the simple fact, that the real affection seldom annuls the criminal responsibilities of those who are acknowledged to be its subjects.³ In the first degree of real imbecility there is a singular mixture of stupidity and shrewdness, in the fraudulent imitation of which the vigilant observer may discover proofs of simulation.

On points directly involving his interest, the impostor will display the full endowment of the shrewdness compatible with this condition, while his stupidity is reserved for occasions where his interests are not particularly concerned; his replies, notwithstanding his imbecility, never tend to criminate him-

¹ Ray's Medical Jurisprudence of Insanity, p. 74.

² Fodéré, *Traité du Delire*, vol. i., p. 413.

³ Ray's Medical Jurisprudence of Insanity, p. 321.

self; but whatever he says, is rather meant to induce a belief in his innocence; and this game he pushes as far as dares.

Ray states, that when the person replies to inquiries in such a manner as to criminate himself, it may be pretty safely concluded that the imbecility is genuine; and though the converse of this rule may not be equally true, yet if the whole tenor of his replies be of an exculpatory turn, strong ground of suspicion, at least, is afforded, that all is not right.

In genuine cases, if the affection be congenital, the history of the patient, or form of the head, will establish this fact. If it have appeared at an after period of life, the circumstances that have occasioned it may be learned from the acquaintances of the patient.

Ray states, that if the form of the head present nothing unnatural, it is to be supposed that the mental deficiency, if there be any in reality, is of the acquired kind; so that if the person pretend to have been from birth in his present condition, it would of itself be sufficient proof of imposition.

Cheyne remarks that there is perhaps no species of disability which requires to be judged of with more care and circum-spection, than that of intellectual deficiency.¹ In almost every regiment or corps, according to Marshall, there are a few men who are alleged to be defective in memory, perception, and judgment, who never acquire, or never seem to acquire, a knowledge of their duty, and who usually pay but little attention to the state of their dress and accoutrements.

Stupidity or imbecility, involving an inaptitude to acquire the manual or platoon exercise, is easily feigned, and very difficult of detection. Some cases are related by Marshall,² where deceit was not suspected, and only accidentally discovered.

Much of the difficulty of judging correctly, in cases of exaggerated and doubtful imbecility, consists, no doubt, in a want of that practical tact which is obtained by experience, in

¹ Dublin Hospital Reports, vol. iv

² On the Enlisting, &c., pp. 97, 98.

unravelling questions of this kind ; and of that knowledge of the psychological nature of this condition of the mind, which directs the attention exclusively to the real question at issue, and abstracts whatever is extraneous, or without any direct bearing on its merits. The doubts which a direct investigation of the intelligence and capacity of the party may have left behind, may generally be cleared up by some overt act of extravagance or indiscretion.¹ It is indispensibly necessary to investigate his comprehension of numbers ; but as arithmetical acquirements are certainly found among many imbeciles, to some extent, his power to manage pecuniary affairs is still more necessary to determine.

In cases of doubtful dementia, the fact should be noticed, whether they are pusillanimous and submissive. This is a precept of Zacchias ; but it must also be remembered, that impetuous excesses sometimes occur in individuals of this description : their memory and conception should likewise be put to the test.² It is, in fact, on our observation of their powers of perception, of attention, and of suggestion or association of ideas, and the consequent defect or entire loss of memory—of the powers of consciousness and of intellection—that we are to base our judgment.

Persons labouring under confirmed dementia are not uncommonly guilty of theft ; and, as they steal adroitly, are often considered very intelligent.³ They are notorious for hoarding up large quantities of useless articles, and laying their hands upon all kinds of objects, without regard to their quality or value. Dr. Pagan remarks that persons labouring under imbecility are soon irritated, and are easily persuaded that they are ill used and persecuted ; losing their self command when questioned by parties represented as their enemies ; and are un-

¹ If none such occur, his property at least must be left to his control.

² Marc, in Godman's Western Reporter, vol. ii., p. 66.

³ Georget, *Discussion Médico-Légale sur la Folie*, p. 140 ; et des *Maladies Mentales*, &c., p. 8.

able to answer questions, which under their ordinary state of composure of mind, they would reply to accurately.¹

However skilful may be the attempt to counterfeit dementia, (and in its simple forms it is the most easily assumed of all the forms of insanity,²) yet there is always in the pretender a kind of hesitation and reflection to be observed in his discourse.³ His wild ideas do not succeed each other with the same rapidity as those of a person whose understanding has been really destroyed.

Being able to form a just idea of occurrences, or objects, the pretender compares them, or exercises abstraction, or association of ideas; and it may be observed that his mind has energy enough to exert attention, or some mental operation necessary to the integrity of its functions. Whereas the demented person neither imagines nor supposes any thing; he has almost no ideas; he neither wishes nor determines, but yields to even the slightest impulse or suggestion.

Ray states, that in these affections, there is a stupid vacant cast of countenance, which it is difficult, if not impossible, to imitate well enough to deceive one much conversant with this class of beings. It may again be mentioned, that Marc proposes as a test, to repeat to the insane person a series of ideas recently uttered. The pretended madman, instead of wandering incoherently, would judge it most expedient to repeat the same words, for the purpose of proving his madness.

The excitement of dementia is rarely periodical. The clever impostor, reflecting on the imitation of the other forms of mania, and attempting therefrom to simulate this particular form, would fall into error by assuming a periodicity in the returns of excitement.

¹ Op. cit., p. 302.

² L'imbecilité est plus facile à contrefaire; et la simulation, conduite avec adresse, ne peut pas se decouvrir.—Fallot, p. 198. The imitation would be very likely to deceive those not practically acquainted with these mental affections.—Ray, p. 319, also 320

³ Ray's Medical Jurisprudence of Insanity, p. 309.

It is a fact however, that dementia has been most successfully imitated. There is a case related of a player drafted into the army, who acted the part of an idiot so successfully that he soon obtained his discharge. Almost immediately after this, he entered into another regiment, and then deserted.¹

In the case of a clever and persevering impostor, it is said to be extremely difficult to detect dementia, "most men having enjoyed opportunities of studying the character, in the instance of the poor idiot, still to be met with at large in almost every village."² Yet it may be remarked that the simulation of dementia, by imitation from an instance of amentia, may be easily detected by the pretender retaining some thoughts of times past, some reminiscences characteristic of consistent age, and bearing the impress derived from the anterior state of existence; while the idiot lives neither in the past nor the future, and evinces in his manner and existence the semblance of childhood.

In most cases it will be found, as in that related by Professor Monteggia, that the simulator sometimes exhibits the characters of melancholia, sometimes those of exhilarated insanity, and at other times those of complete dementia.

Marshall is of opinion, that, unless in well-marked cases, where the mind is weak on all subjects, and where that weakness is expressed in the countenance, or readily discovered in the conversation, no man ought to be recommended to be discharged for a mental defect.

In all cases of acute dementia, which is a curable disease, the *cause* ought to be discovered, and the treatment adapted. In chronic dementia, which is seldom primary, the disease upon which it is consecutive should be well ascertained; in order that, if feigned, it may be observed whether the traces of the character of the primary disorder, or of the dominant idea during

¹ Cyclop. of Pract. Med., vol. ii., p. 146. Marshall on the Enlisting, &c., second edit. p. 166.

² Sir George Ballingall's Military Surgery, p. 579; also Ray's Medical Jurisprudence of Insanity, p. 320.

the previous affection, be preserved. As epilepsy, for instance, is a disease which, when long continued or violent, is very apt to end in dementia; it is highly desirable to learn whether the suspected demented person has been subject to it.¹ The practitioner can thereby determine for himself, in a certain measure, how far the alleged causes *could* have contributed to produce the condition in question. If they appear to be plainly and palpably inadequate, he has a right to conclude that the person is an impostor.

Hoffbauer remarks, that “Rarement la faiblesse de l’entendement est simulée: 1°. parceque personne ne veut paraître imbécille; 2°. parceque tout le monde connaît les suites fâcheuses que l’imbécillite entraîne d’après la loi (l’interdiction ou la reclusion). Dans le cas où un individu simulerait la faiblesse d’entendement pour éviter une peine, ou pour s’affranchir d’un engagement, on l’en détournerait facilement en lui faisant voir les inconvéniens auxquels il s’expose.”²

Senile dementia may be simulated by aged persons, but it is so imperfectly known as a distinct form of insanity that its peculiar features would probably be mingled with those of general or partial mania, and thus lead to an easy detection. If the physician will steadily bear in mind, that senile dementia is essentially characterised by deficiency of mental excitement, he will readily arrive at the truth in doubtful cases; for the simulator will inevitably indulge in hallucinations, and perform physical movements indicative of excessive mental excitement.³

¹ It appears, from a table published by Esquirol, that of 339 epileptics, in the Salpêtrière of Paris, in 1822,

2 were monomaniacs.

64 — maniacs, of whom 34 were furious.

145 — imbecile, of whom 129 were so only immediately after the attack.

8 — idiots.

50 — habitually rational, but with loss of memory, exaltation of the ideas, sometimes a temporary delirium, and a tendency to idiotcy,

60 — without any derangement of intellect, but very irritable, irascible, obstinate, capricious and eccentric.—*Dict. de Médecine,*

ART. EPILEPSIE.

² *Médecine Légale relative aux Aliénés et aux Sourds Muets*, p. 84.

³ *Ray’s Medical Jurisprudence of Insanity*, p. 322.

Imbecility, idiotcy, and dementia, are confounded by the Germans, under the name *verstandesschwaeche* ; *faiblesse d'entendement*, of Esquirol.

For other means of detection, and observations on this subject, see article MANIA.

NOSTALGIA.

Nostalgia is but seldom feigned, at least in our armies ; and probably its simulation would be attended with but little chance of success, were any good results to be obtained by successful imposition. Beck states, that it is a disease common in military hospitals ; but he must refer to the French, not to our own. Beaupré remarks, that he is convinced that nostalgia has been more common than was suspected among the young French soldiers. Young men are more subject to this disease than persons advanced in life ; villagers than citizens ; and it is found to prevail most in those who have been the inhabitants of mountainous countries. Thus, the Swiss, the Savoyards, the inhabitants of the Pyrenees, and the Highlanders, are frequently found presenting instances of this disease. Dunlop, however, states, that the only two cases which occurred to him were, in a recruit, a country lad from the fens of Lincolnshire, who died of the disease on his way to Canada, in 1813 ; and in a London pickpocket, whom he saw in 1824, in the hulks at Sheerness, labouring under the disease. Beaupré seems to attribute its existence more to physical education, and the ease which the soldier enjoyed before entering the army ; and to the gaiety of heart common to the Frenchman, which unfits him to bear disasters. In explanation of the frequency of nostalgia in our own service, it has been well remarked, that “ a soldier in the British army, sees men in other situations, not always his betters, rising to wealth, and affluence, and distinction around him ; he feels that he is stationary for life ; that his prospects cannot mend ; ” and that at the last, when his strength is exhausted, and his health ruined, every attendant misery of poverty awaits him. It is not to be wondered at, therefore, that

men so situated suffer under depression of spirits, and consequent impaired health, (home-sickness,) or that they sometimes have recourse to improper means to obtain their liberty.¹ The frequency of its simulation in the French armies, may be accounted for by the exemption from duty which the disease afforded to those who were afflicted by it. Baron Percy says, “Cette maladie à fait perir un grand nombre de soldats, et on ne peut sauver la vie de ceux qui en étaient profondément atteints qu’ à ce prix.” It was that price which produced the simulation.

It is almost impossible to imitate the alteration and expression of countenance, the languid appearance, and sadness, so impressed on all the features, which are always present in the real disease ; the simulator is wanting in the involuntary abandonment, and the apathetic indifference for every thing, which is foreign to the cherished idea of the true nostalgic ; as also in the sudden extravagance of joy, which the sight of some object connected with home produces : moreover, pretenders generally express a great desire to revisit their native country, whilst those who are really diseased are taciturn, express themselves obscurely on the subject of their malady, dare not to make an open avowal, and are little affected by the consolations which hope or promise affords them.²

The nostalgic has no appetite, and often obstinately refuses to take food, he wastes into a marasmus, which leads him to the tomb, while the simulator preserves his appearance of health and stoutness ; he has no inclination for prolonged fasting, and however obstinate in remaining in bed, and affecting to be morose, sorrowful, absent, or taciturn, he always returns to the demand of “something to eat.” “You will recognise the false nostalgic, says Sagar,³ “by the strength and regularity of the pulse, by

¹ Marshall, op. cit., 2nd edit., p. 95.

² See Bulletin des Sciences Médicales de la Société d’Emulation de Paris, tom. v. No. 32. Foderé, Traité de Médecine Légale, vol. ii., p. 463.

³ Syst. Morb.

the good colour of the face, and by his aversion to low diet and to setons.” “When surgeons,” he continues, “prescribe to such individuals, frequent doses of powders composed of aloes, chamoepytis, and absynthium, owing to the great repugnance they create they ask to leave the hospital, saying they are cured.”

In the French army from 1820 to 1826, ninety seven soldiers fell under the effects of nostalgia. In how many did not this morbid passion lead to attempts to simulate disease, or produce mutilations, and even suicide itself?

EPILEPSY.

That this disease has been a frequent object of simulation with counterfeits, we learn from Fortunatus Fidelis, Sylvaticus, Zacchias, Hecquet, Boerhaave, Van Swieten, De Haen, Alberti, Wildberg, Mahon, Foderé, and in short all the principal writers on legal medicine. From the testimony of Fortunatus Fidelis, epilepsy appears to have been frequently simulated in the sixteenth century, from the fancy that persons so afflicted were under the influence of evil spirits, and thereby became the object of peculiar compassion; and Sanctorellus, a physician of that century, states, that he distinctly convicted a young woman of feigning this disease.

In *The History of Fanaticism*, by Brueys, is given an account of an epidemic simulated epilepsy in the Cevennes, which prevailed among many persons of that district during the commencement of the seventeenth century. And Frank states, that before epileptics were separated from the other patients in the ward of the Civil Hospital, in Vienna, it was not uncommon for some of the other patients to be seized with the disease from sympathy or *imitation*, upon seeing the epileptic paroxysm. This has been observed by Baglivi, Lettsom, Duncan, Aaskow, Meza, Hardy, and Copland.

Now a days this disease is not unfrequently pretended by recruits at secondary examinations, and is often feigned to escape military flogging. It is frequently assumed by individuals as a mode of obtaining a livelihood, by imposing on the ignorance and compassion of the charitable, and also to escape or delay impending punishment.

There is perhaps no disease that has been more frequently simulated with *success*. Marshall states, that there is much reason for assuming that many a soldier has been discharged and pensioned, in consequence of feigning convulsions which medical officers denominated "epilepsy." The character and mode of attack of this disease offer great facilities to the impostor. It does not require the unusual caution which other maladies exact for successful imitation ;¹ nor is it necessary, as Dr. Smith observes, to assume it, but at convenient times ; it being perfectly consistent with the nature of the disorder to be quite well during the intervals, which may be longer or shorter at the impostor's pleasure.² Beck assigns this as a cause of the frequency of the simulation.³

Percy and Laurent state, that of every thousand persons who present themselves for examination, there are generally twenty who assume this affection, so terrible and degrading to man ; whilst it is notorious that scarcely one out of a thousand in reality has the disease, and that one is commonly a young person or a girl. Fallot states, that we must naturally conclude that in the majority of cases of epilepsy that are sent to the hospital, this disease is simulated.

Epilepsy appears so rarely for the first time after the age of puberty, that its reality is to be suspected whenever it comes on, without obvious cause, in an old soldier.⁴

To prevent being imposed upon by this class of simulators, requires in some cases both great attention and much experience;

¹ Paris and Fonblanque's Medical Jurisprudence, vol. i., p. 361.

² Gordon Smith's Principles of Forensic Medicine

³ Med. Jurisp. p. 14,

⁴ Hennen's Princ. of Military Surgery, p. 457.

and this is the more necessary, as there is perhaps no disease that is more *frequently* feigned than epilepsy.¹

One mode of attempting to deceive is, to appear at the inspection room with a gospel² suspended round the neck; which spell or charm is commonly alleged to be worn for the purpose of preventing a paroxysm of the blessed sickness (epilepsy). Both young and old soldiers sometimes simulate a paroxysm of this disease, apparently for the purpose of being discharged.³

It should be mentioned, that some men have qualified themselves for simulating a paroxysm of epilepsy, by the perusal of works descriptive of the disease. This was confessed in the case of one man, who, in addition to the usual gestures and contortions of feigned epileptics, excited hæmorrhage from the nose by friction on the ground, discharged his urine, and grasped his thumbs in his hands.⁴

Kirckhoff states, that it would be wise to send men with symptoms simulating epilepsy to an hospital, in order that a paroxysm might be observed and watched.⁵

A curious case of this kind of imposition has lately been disclosed before the Correctional Tribunal of Paris. A man was waiting in the court to be tried on a charge of assumed epileptic debility, in order to extort money from the charitable, when he suddenly fell down on the floor, went into strong convulsions, blood gushed copiously from his mouth, and on his becoming tranquil from exhaustion, he was forced to be removed to the infirmary of his prison. There, on being closely watched, it was found that he had acquired the faculty of retaining in his

¹ Cheyne, Dub. Hosp. Reports, vol. iv., loc. cit. Kirckhoff, Hygiène Militaire, p. 25. Sir George Ballingall's Military Surgery, p. 519.

² A gospel consists of a verse of one of the books of the New Testament, enclosed in a piece of cloth.

³ Monro seems to have been aware of this, for he says "Before men are discharged for fits, they should be watched narrowly for some time, for there is no disease which soldiers are more apt to counterfeit than this."—Observations on the Means of preserving the Health of Soldiers, p. 239. See also Waldstschmidt, "Milites epilepsiam frequenter simulare solent."

⁴ Marshall's Hints, &c. p. 135.

⁵ Hygiène Militaire, p. 25.

stomach a considerable quantity of blood, which he could at pleasure eject by the throat, and produce all the symptoms of rupture of important blood vessels. His arms had usually supplied him with blood, the veins being all scarified with marks of innumerable bleedings; and he had last resorted to his nose, an instrument being found concealed on his person for scarifying the interior of that organ, and which it appears he had made use of on the day in question, shortly before being taken into court.

Our inquiries in cases of this kind ought to embrace:—

1. The phenomena which precede its evolution; the origin and duration of the disease. When the disease can be ascertained to have existed previously to enlistment, the case is settled. We ought to ascertain if the disease arose from horror or apprehension; after the sudden suppression of a discharge or an eruption; if from indigestion or a debauch; or if others of the family have been epileptic. In such cases, the probability will be in favour of a genuine disease.

2. We ought also to ascertain whether previously to fits, there are any premonitory symptoms; such as the aura epileptica, vertigo, drowsiness, headache, &c.

3. We ought also to observe the frequency, character, and course of the paroxysm:—does it begin with a scream? are there involuntary discharges? is the tongue gnawed?

4. We must observe the subsidence of the attack:—does it end in profound sleep? is it productive of extravasation, petechial spots, lividity of the nails? does it usher in a maniacal attack, or alternate with CATALEPSY, HYSTERIA, or a sub-epileptic attack?

5. We must inquire into the symptoms which occur in the intervals between the paroxysms.

A man at Leipsic, in fear of being put to the torture, simulated epilepsy so well, that the physicians who were sent to examine him, were divided in opinion with regard to the case. During the attack his hands were clenched, his limbs were agitated by violent convulsions, there was foaming at the

mouth, grinding of the teeth, and other symptoms of epilepsy all which, however, were decided to be fictitious from the following considerations: he had never had an epileptic fit before, but it had come on under the threat of punishment; nor did any of the usual symptoms precede or follow the attack; there was neither vertigo, tinnitus aurium, pain of the head, dimness of sight, thirst, or lassitude, nor was the tongue bitten by the teeth. He afterwards confessed that the paroxysm had been feigned to escape punishment.¹

With regard to the phenomena which precede the evolution of the disease, it may be remarked that, of three hundred cases of which J. Frank had an opportunity of investigating the early history, very few occurred in persons who had been perfectly healthy previously to the accession of the disease. Long before the accession of the disease, epileptic patients have complained of tremors, cramps, vertigo, partial paralysis, disorders of sensation, chorea, stammering, palpitation, epistaxis, &c., or have received injuries of the head.

The pretender is not likely to be aware that some of these symptoms generally precede the disease; and when questioned so as not to indicate too decidedly what we desire to know, will generally admit the possession of previous excellent health.

To the attentive observer, the true epileptic is a man quite different from every other. It is rare to find in him any trace of hilarity, spirit, or vivacity. Nature, or rather the disease, has impressed upon his face a character which seems to be composed of sadness, shame, timidity, and stupidity. It is impossible to describe this appearance of face: it is enough to have well observed the *tout-ensemble* of an epileptic, not to forget it again. This peculiar physiognomy of epileptic patients generally renders the simulation of the disease very difficult.

Dumas has recognised the existence of this disease, by the muscles of the face being mobile, and disposed to convulsive movements, by the eyebrows being depressed, the eyelids

¹ Bohnius.

approximated, the eyes projecting, fixed, bent, and shining, and the balls directed in opposite manners. To this he adds a facial angle always under 80° , receding from that to 70° .¹ Laurent states that this observation, which may by chance be true of one subject, cannot apply to one of fifty of those who are epileptic, whatever be the age at which they were first attacked.

The other characters which are most remarkable in the appearance of an epileptic, are—the coarseness of the individual features, the thickness of the lips, the œdema of the lower eyelids, the unsteady eyes, the vacant look, the dilated pupils, the pale cheeks, the tendency of the superior palpebræ to fall down, and the effort which he makes to raise them so as to uncover the eye when he speaks to any one, or regards anything; the inclination of the head, from the weakness of the muscles (for the most part) which support it; the dull colour of the face, on which cicatrices are often found, arising from falls; the presence of premature wrinkles, from the sardonic convulsions; the great size of the veins, especially the jugular and the temporal, in which the blood has so often stagnated; to which may be added the harsh voice, the enlargement of the alæ of the nose, the thinness of the arms and limbs compared with the rest of the body, and the peculiar gait.

When the fits have been frequent, the anterior part of the inferior incisors are found obliquely worn down.² In a real and most severe case of epilepsy occurring in a criminal at Paris, the teeth were found worn at every point where the upper had come in contact with the lower jaw. The lower incisors, in particular, were extremely worn at their fronts, and yet the individual was only twenty-two years of age.³ The pupils are dilated, and the conjunctivæ blanched and humid.⁴ The simulator can imitate none of these appearances.

¹ London Med. and Phys. Journal, vol. xxvii., p. 38.

² Isfordink, Militarische Gesundheit Polezei.

³ Annales d'Hygiène, vol. iii., p. 429.

⁴ Dict. des Sciences Médicales, art. Simulation des Maladies, tom. li., p. 334. Orfila, *Léçons de Médecine Légale*, vol. i., pp. 416, 417.

It is however to be remarked, that Marshall observes, that persons who have not had much practical experience of the examination of recruits, frequently presume that a man who is liable to this disease has a particular cast of countenance, whereby his alleged disability may be discovered; but he believes this presumption of knowledge to be a complete fallacy.

It may be observed, that real epileptics are unwilling to speak of their complaint; and if the subject be forced upon them, they are apt to give the symptoms a different name; by which means they attempt to deceive others, and perhaps themselves. The false shame of true epileptics, and the want of shame of feigned ones, has been taken notice of by several writers.¹ The impostor commonly selects a place where he is likely to play off his tricks to the greatest advantage, and with the least inconvenience to himself.² He is also not inattentive to the time when a fit may be enacted with due effect; which is in general about the period when a medical officer is likely to be in the way to see him.³ Marshall states, that having observed to an alleged epileptic, whose paroxysm always appeared about twelve o'clock, that it was only eleven, and he could not certify as to the disease without seeing a paroxysm; and that, as he could not wait, his observations must be deferred; his remarks had the effect of bringing on a paroxysm in a few minutes, the simulation of which produced sufficient evidence as to the real nature of the affection.

In the true epilepsy, the patient is almost never warned of the invasion of the attack, and falls down suddenly,—(Georget says, that ninety-five in a hundred are attacked without any precursory symptom,⁴) while the cheat prepares himself for

¹ Orfila, *Léçons de Médecine Légale*, vol. i. Marc, *Dict. de Médecine*. Ryan, *Medical Jurisprudence*, etc. Beck, *Medical Jurisprudence*, p. 16.

² Hennen, *Military Surgery*, p. 457. ³ Sir Geo. Ballingall, *lib. cit.*, 579.

⁴ Sur cent malades on en trouve à peine quatre ou cinq dont les attaques soient précédées et annoncées par des symptômes précurseurs. Chez les quatre vingt quinze, ou quatre vingt seize autres, l'invasion de l'attaque est subite.—*Dict. de Médecine*, art. Epilepsie.

the fall, so as to do himself the least harm possible.¹ He avoids every thing which can injure him.² As deceptive as may be the symptoms that are brought forward, we seldom hear that the pretender hurts himself by the fall, a thing that very frequently happens in real epilepsy.³ (Generally the street impostor pretends to fall with his back to a wall, and then throws or rather slides himself down till he is nearly in a horizontal position.) Some impostors, however, wound themselves voluntarily, that they may the better impose. Fallot relates a case, where the limbs were covered with the marks of contusions of different dates, as evidenced by the differences of coloration, and where the night after admission the impostor wounded his forehead and nose.⁴ The sensation of a cold or warm aura, proceeding from some part, and ascending *to* the head, but very rarely descending *from* the head to another part, is one of the most common precursors of the fit. From whatever place the aura may arise, as soon as it reaches the head, or ceases, the patient loses all consciousness, and the fit is fully developed. Belloc gives a case in point, in which the mode of invasion of this symptom was used as a means of detection. Sauvages was called to visit a female, who simulated the fit to perfection. Being suspicious, however, he inquired whether, on the access of the disease, she felt pain extending from her arm to her shoulder, and from thence to the opposite thigh. The reply was in the affirmative, and this led to detection.⁵

When narrowly watched, I believe it will be found, in a feigned paroxysm, that the contortions of a simulator resemble

¹ Farr, *Elements of Med. Jurisprudence*, p. 122.

² Orfila, *Léçons de Médecine Légale*, vol. i., p. 412.

³ Isfordink, *Militarische Geshundeit Polezei*. Fallot, *Memorial de l'Expert*, etc. p. 205. *Humi prosternuntur veri Epileptici insultibus invasi nullo quo concidant loci discrimine; simulantes ex adverso hunc morbum caute sibi prospicere solent, ne corpus in periculum projiciant. Nonnulli enim non nisi sedentes aut circumspecte concidentes, simulato hoc affectu corripiuntur; alii capiti vel reliquis corporis partibus valde parcunt, ne convellente commotione iisdem vim inferunt; alii linguam valde custodiunt et observunt ne illam violent.*—Albertus.

⁴ *Memorial de l'Expert*, etc., p. 206. ⁵ *Cours de Médecine Légale*, p. 242.

grimaces and antics rather than the powerful involuntary contractions which characterise the true disease; more especially is he unable to distort the muscles of the face like a person suffering under epilepsy. The state of tetanic rigidity which precedes the second stage, or that of convulsion, is more easily imitated than the convulsions themselves; but the pretender is seldom aware that the eyes are generally open during the continuance of this state.

Moreover, the muscular contractions of the different parts of the body do not commonly supervene simultaneously.¹ Thus the superior extremities may be in motion, while the inferior are at rest; when the hands are forced open, they are quickly clenched again; whereas, in the real disease, they commonly remain extended, and as inflexible as a piece of board.² The nails are livid in real, not so in feigned paroxysms.³ The impostor frequently here, as in other cases, overacts his part, and by the excess of his contortions throws himself into a profuse perspiration.⁴

During these feigned convulsions, impostors have often suffered the most flagrant liberties to be taken with their persons, without betraying the least consciousness of what was going on; such as having pins and needles run into different parts of their bodies.

"This fact in some degree admits of a physiological explanation. Compression on the muscles, by acting on their nervous filaments, or by some unknown influence on the distribution of nervous energy, renders them less sensible in proportion as they become contracted. Wounds are thus often inflicted in the field of battle, which are scarcely felt during a desperate conflict, on account of the high muscular energy

¹ Cyclop. of Pract. Med., art. Feigned Dis. Marshall on the Enlisting, etc., 2nd edit., p. 158.

² Orfila, *Léçons de Médecine Légale*, vol. i., p. 414. Marc, *Dict. de Médecine*. Marshall on the Enlisting, etc. Fallot, *Memorial de l'Expert*, etc., p. 106.

³ Orfila *ut cit.* Percy and Laurent, *Dict. des Sciences Médicales*, t. 51. Hennen, *Military Surgery*, p. 457. Farr's *Elements of Medical Jurisprudence*.

⁴ Sir George Ballingall, *Military Surgery*, p. 579.

of the part which is in force at the time. Indeed, it may be satisfactorily shown, that convulsions, or inordinate muscular contractions, are in themselves instinctive efforts to diminish pain."

If an impostor is narrowly watched, he will be found to open his eyes occasionally, for the purpose of observing what effect his acting produces upon the bystanders.¹ This led to the detection of a man who twice simulated a paroxysm so successfully as thereby to evade punishment, and very nearly succeeded a third time.²

Simulators are unable to produce the red, or blue, or dark coloured bloated countenance and contorted face which accompany a paroxysm of the real disease; though it is true that false epileptics seek to imitate the first of these symptoms by applying a small concealed ligature round the neck. It is sufficient to notice this circumstance, easily to discover the fraud; but even then, how can they simulate the paleness which replaces this state?

During a real paroxysm of epilepsy, consciousness and sensation seem to be totally abolished. Copland states, that so profound and great is the insensibility attending it, that the patient may be subjected to the most painful applications, without sensation being excited; hence, if any evidence of feeling can be excited by stimulants, it may be inferred that the disease is feigned. The agents commonly employed for this purpose are numerous, but two are chiefly had recourse to: viz., the access of a strong light to the eye, and the application of the vapour of hartshorn (*Orfila* and *Fallot* mention sulphurous acid gas³) to the nose. The eye-lids are either open, half shut, or convulsed; the eyes fixed, prominent, vacant, rolled about, or turned upwards, or out of their axis; and the pupils are either dilated, contracted, or natural; but the mo-

¹ Marshall on the Enlisting, etc., of Soldiers.

² Marshall's Hints, p. 132. See also Sir George Ballingall's *Military Surgery*, p. 580.

³ *Léçons de Médecine-Légale*, vol. i., p. 412.

tions of the iris are very slow, or entirely abolished.¹ The first of these tests is not satisfactory ; for neither in a real nor simulated paroxysm are we commonly able to employ it so as to resolve our doubts, on account of the struggles of the patient ; and moreover, the irides of different individuals in health vary much as to mobility, some being much, others little affected by an increase of light. Indeed, it is denied that the peculiar appearance of the eye is always present in epileptics. The pupil has been said to contract.² This varying state of the pupils accounts for the different descriptions given by Henke, Sprengel, Metzger, Schmidtmuller, Schmalz, Dressig, and others. Kirckhoff is satisfied as to the reality of the affection if the pupil does not contract under a strong light.³ The faculty of Leipsic recognised a case as simulated, because the eyes remained fixed during the accession.⁴ I know a case where a medical officer was satisfied from the appearance of the eye as to the reality of the affection. The man had previously been in the habit of pretending these fits, and had been detected by his colleague. Individuals have been roused from a feigned paroxysm by dropping into the eye a few drops of alcohol.⁵ Dr. Cheyne thinks it is the most powerful stimulus that can be used ; and relates a case where the pretended epilepsy was immediately arrested by it ; Staff-surgeon Eagle has also successfully tried this antidote. Or a minim of the oil of turpentine may be employed. The Indians recommend a little of the expressed juice of a pod of Cayenne pepper to be put into the eye. The result of the second test is also inconclusive ; for individuals are not invariably much affected by inhaling the vapour of hartshorn. " The society of Halle state, that it is necessary to pay the greatest attention to the state of the palpebræ, and the *sensibility of the pituitary membrane*.⁶ Trop-

¹ Copland.

² Medico-Chirurgical Review, vol. iv., p. 598.

³ Hygiène Militaire, p. 25.

⁴ Vide Zittman, cent. 6, cas. 54.

⁵ Sir George Ballingall, Mil. Sur., p. 580.

⁶ Vide Alberti, tom. i., app. cas. 18.

paneger likewise employs the same means, and the introduction of a straw into the nostrils.¹ Blowing Scotch snuff up the nostrils is said to be an effectual means of rousing suppressed sensation. Ballard states that sternutatories perfectly succeed in this object;² Metzger also refers to them as successful means of discovering fraud;³ and Beck says that they immediately give us a mode of detecting artifice.⁴ Mr. Hutchison relates an instance of its complete success in arresting the fit. Common salt, placed in the mouth, has been recommended; the impostor generally shows his sense of taste perfect by endeavouring to spit it out. Hutchison⁵ and Beck⁶ mention cases where aloes and salts in solution detected feigned paroxysms; and think this the simplest and gentlest mode of detection, and one to which there cannot be any possible objection. Dr. Marc says, he has detected three cases of feigned epilepsy by putting under the nostrils a morsel of assafoetida. This means, which had already been employed by some German physicians, would be of great use in discovering the fraud, if its effects were constant; but later observations made by Hébréard have not furnished the same results; so that, in fact, it is necessary to have further experience before placing too much confidence in this proof. Marshall has several times succeeded in putting an end to a paroxysm, by applying to the side of the patient the end of a flannel bandage dipped in boiling water.

The actual cautery may be *proposed* in the hearing of, or exhibited to the patient, or even applied to his back;⁷ but I doubt much if the pain is greater than in the case of the boiling water. On its use Kirckhoff has the following remark: “L’épreuve par l’application de la cire-à-cacheter brulante, ou d’un fer rougi au feu, pendant le paroxysme, est incertaine: Il y a des individus qui l’endurent sans temoigner la moindre

¹ Vide Alberti, tom. i., dec. 4, cas. 9. ² Principes de Médecine Légale, p. 450.

³ Principes de Médecine Légale, traduit par Ballard, p. 216.

⁴ Med. Jurisprudence, p. 14.

⁵ Surgical Observations, p. 175.

⁶ Medical Jurisp., p. 15, ed. of 1836. ⁷ Plenck, Elementa Med. et Chir. For., p. 113.

apparence de douleur; et d'ailleurs, il doit repugner aux principes d'un médecin, de se servir d'un moyen semblable et que l'humanité reprouve."¹

Boerhaave cured a counterfeited epilepsy, occurring in a person of noble rank, by ordering the application of the actual cautery to the great toe of the patient, who, upon learning the mode of cure, did not think proper again to repeat the imposture.²

As to the employment of caustics, I think they ought to be proscribed, because they are inhuman, and have often been unsuccessful.

With regard to pain as a proof, De Haen cites the case of a woman twenty years of age, who had sustained the proof of fire (and who bore the cicatrices of three considerable burns which a surgeon had made to discover if there was fraud) without wincing; but who afterwards being put in prison for murder, avowed the simulation, and imitated so well a paroxysm in the presence of Van Swieten and De Haen, that they thought the simulated paroxysms were become real.³ Glowing coals and hot sealing wax put on the hand or forehead of the impostor will draw from him expressions of pain.⁴ This is, however, a coarse and unprofessional mode of treatment; and on the whole unsatisfactory. To the same class of agents, I would refer the sharp probe proposed by Fielitz, and the cudgel proposed by Weber.⁵ The efficacy of which, in producing a sufficient degree of pain, even Ballard doubts. Various other tests may be employed; as unexpectedly firing a musket near the patient;⁶ or applying pressure to the præcordia, so as to interrupt respiration. What is probably equal to any of these means, is a plenteous cold affusion: this will often, as I have

¹ Hygiène Militaire, p. 25. ² Van Swieten's Commentaries, vol. iii., 1071.

³ De Haen, Ratio Medendi, p. v., cap. 4—35. See also Metzger; and Mahon, Médecine Légale, tom. i. p. 348. ⁴ Isfordink, Militarische Gesundheit Polezei.

⁵ Weber, Anomat. Med. Prakt. ad vocem, Epilepsia.

⁶ Isfordink, Militarische Gesundheit Polezei. Orfila, Léçons de Méd. Lèg., vol. i.

seen, put a stop to the paroxysm. De Haen says he has detected a case by throwing a bucket of water on the head at the commencement of the accession. The authors of the article FEIGNED DISEASES in the *Cyclopædia of Practical Medicine*, have also seen this treatment frequently succeed; but on this account they do not think themselves warranted in concluding that the disease was feigned, as so powerful a shock is not unlikely to arrest real convulsions. I have seen it, in the Royal Infirmary, Edinburgh (1836), check a case of real epilepsy. Marshall states, that pouring a very small stream of water on the face of a person feigning a convulsive paroxysm, has been successful, not only in cutting short a fit, but in preventing a recurrence of the imposture.

Scott, Forbes, and Marshall, in the *Cyclopædia of Practical Medicine*, state, that a naval officer informed them, that a tremendous fit was once put a stop to by an order being given, in the impostor's hearing, to introduce a red-hot ramrod into his anus. Percy and Laurent state, that a villager, whilst simulating, was betrayed by jumping up and asking pardon, on hearing the surgeon ask for the instruments necessary for castration; and state that he regarded it as an infallibly radical cure for epilepsy, and that it was desirable to have the operation finished before the fit should have terminated.

De Haen detected one case by causing the impostor to be isolated, and watched unknown. Whenever he knew he was observed, he had a fit, but was perfectly well when he thought himself alone.¹ De Haen detected another case, by the natural manner in which the girl opened her eyes, by the natural state of the pulse, and by the alternate contraction or dilatation of the pupil on the stimulus and abstraction of light. He cured the simulator by ordering a severe chastisement to be given on each occasion of her falling. The following case should not be omitted; "maturam virginem procorum penuria torquet,

¹ Ratio Medendi, vol. ii., p. 56.

angitque. Fortè casu audit a garrientibus inter sese matronis epilepsiam matrimonio nonnunquam curari. Ergo eam artificiosè fingere discit, quo cogat parentes se viro jungere.¹"

Dr. Fallot also relates a case which was so well imitated that detection was only produced on the man being requested to give a minute account of his feelings, which, aided by the promptings of the doctor, were obviously very absurd. It is occasionally advisable to suggest certain symptoms. Dunlop mentions an instance, where, on remarking that if it was a true case, the patient would turn round and bite the grass, detection followed by his betraying himself by so doing.² Dr. Traill relates another similar one.³ Vaidy, a French surgeon, detected an impostor by stating to the individual that the real disease always came on in the morning. He swallowed the bait, and the attack always occurred before noon.⁴

A Mr. R. employed seven or eight drops of croton oil, with the effect of causing the man immediately to start up and run to the water closet.⁵

An artilleryman at Martigues had acquired, from frequent practice, such skill in feigning this disease, as almost to deceive Foderé; and this would have been the case, had he been able to resist the application of fire: this always recovered him, though he lay apparently senseless, his eyes starting from their orbits, and his mouth foaming. He afterwards confessed that he never counterfeited a paroxysm without feeling for several days a violent pain in the head.⁶

De Haen states that he has seen the disease feigned with horrible accuracy. He recommends the remedy used in Paris to a mendicant there, who often fell into fits. Being usually laid on a bed of straw through compassion, when next attacked, the four corners were set on fire, which caused him to spring

¹ Ratio Medendi, vol. ii., p. 55. ² In Beck, Medical Jurisprudence.

³ Lectures on Med. Jurisprudence, Univ. of Ed., 1836.

⁴ Marshall, Hints, etc., p. 178. Fallot, Memorial de l'Expert, etc., p. 204.

⁵ Marshall on the Enlisting, etc., p. 101. Medico-Chir. Rev., vol. xxi., p. 263.

⁶ Foderé, Traité de Méd. Lég., vol. ii. p. 464. Dict. des Sciences Méd., t. ii., p. 464.

up and flee.¹ Dr. Fallot relates a case in which the symptoms were a little exaggerated, but in general were exceedingly well imitated. This man was quite an adept in imitating the symptoms of the disease, and had been tutored in the art of simulating the affection by a relation who was a medical practitioner. Mr. Young, surgeon to the 10th, relates a case cured by placing the individual, during the paroxysm, on an elevated barrack table.² The fear of falling, in consequence of his violent convulsive movements, caused him to abandon his game. Cicatrices on the skin of the face, made with the design of presenting incontestible proofs of anterior falls, never exist without tending to deceive the medical man, as happened in some well sustained cases in the year 1813 (mentioned by Coche and Fallot).³

When to the signs which have been already mentioned, are added those drawn from the state of the pulse, which is *small*, hard, and slow, towards the termination of the true attack in the immense majority of cases, (slow sometimes in the midst of the most violent convulsions); and on the contrary, always large and hurried in those which are simulated, (this circumstance is explained by the exaggerated movements that the individuals simulating epilepsy make to sustain their part; De Haen says, that above everything we ought to pay attention to the state of the pulse and the eyes;—and from the heart, the action of which is unequal and tumultuous; from the respiration, which is impeded, quick, short, and sonorous, symptoms not easily simulated;—and from the skin, which is hot and covered with sweat after the representation of the false accession,⁴ while it is comparatively cool in the true attack;—when we compare the abrupt termination of the feigned attack with the succeeding comatose or soporose state that supervenes on the real; and revert to the state of astonishment and lassi-

¹ Ratio Medendi, vol. ii., p. 56. ² Cheyne, Dub. Hosp. Reports, vol. iv., p. 154.

³ Coche, de l'Operation Médicale du Recrutement, p. 296. Fallot, Memorial de l'Expert, etc., p. 206. ⁴ Marc states that in the real disease, warmth and perspiration are present during the fit, while in the feigned they succeed it.—Dict. des Science Méd., art. Epilepsie Simulée.

tude, that it suffices to have once seen, to be convinced of the great difficulty attending its simulation—I think it will rarely happen that we shall be deceived.

Simulators who are ignorant that an access of epilepsy may take place without foaming at the mouth, artificially excite this symptom, which they consider as necessary to the simulation. The means which they employ to augment the saliva are soap,¹ and the root of the pyrethra.² Fidelis even mentions that in his time, the trick of simulating the foaming at the mouth by means of soap was much practised, he says, “*Quidam sapone in os indito ac spumantem salivam imitant tum præterea vibrato motu corpus concutiant, facile epilepticos se simulant.*”³ The mouth is easily examined to ascertain if such means have been employed, by pressing the cheeks against the grinder teeth, and holding the nose.

It may be remarked that true epileptics commonly experience, during the intervals, various dyspeptic disorders, that their appetites are usually very keen, and seldom duly restrained.

In consequence of the frequency of the simulation of this disease, the most scrupulous attention and investigation will be required; and it is advised that no man should be brought forward for discharge till the nature of the affection is clearly ascertained.

For the same reason, there is an edict of the Bohemian government in Prague, by which no man can be dismissed the service for this affection before the mustering.³

In concluding the remarks on this subject, however, it ought to be strongly impressed on the mind of the young practitioner,

¹ Evidence before the House of Commons on Mendicity. Plenck, *Elementa Medicinæ Chirurgicæ Forensis*, p. 113. Ambrose Paré, liv. 25, chap. 24. *Qui pro Epilepticiis jactant, utrumque carpum manibus sibi ferreis arcte cingi curant; in tutum se mergunt et volvunt; sanguine primo caput sibi conspergunt et defœdant; artus totumque corpus vibrato motu concutient, denique sapone in os indito spumantem salivam evomunt, eorum instar Epileptico motu agitantur.*—Ambrose Paré.

² Coche, de l'Operation Méd. du Recrutement, p. 297.

³ De Relationibus Medicorum, lib. ii., 217.

⁴ John. In the 2nd part of his collection of the Austrian Medical Laws,

that he ought not to be too positive in imagining that he will always be able to decide with certainty whether the ostensible epilepsy be feigned or real ; and this is more particularly true with regard to such cases as are mentioned by Metzger,¹ De Haen,² and Ballard,³ in which too frequent simulation produced real disease.⁴ One may easily conceive, that it is impossible to discover in such a case the true cause of the malady, if we have no previous information on which to proceed. Oftentimes, even in the more simple cases, although we may be *convinced*, in our own mind, that the individual is an impostor, still, we do not find ourselves capable of imparting the grounds of our belief to others in such a form as would satisfy their minds that we have *convicted* the pretender.

It should be recollected, that spasmodic diseases frequently run into each other ; and that patients may be admitted into hospitals under the head of epilepsy, although the external characters of their disease are considerably different from those which commonly distinguish that frightful malady. It would be foreign to this essay to bring forward cases in support of this opinion—but such varieties of the disease are not likely to be feigned.

In all doubtful cases, Scott and Forbes declare it to be due to the character of a physician, as a man of honour and feeling, and due to the beneficent profession of which he is a member, that he take the side of mercy. If he is ever justified in denouncing a man as an impostor, and thereby consigning him to punishment, he is certainly never justified in being himself the instrument of the punishment. Dr. Cheyne, a man of the greatest experience, and distinguished alike for his candour and accurate observation, agrees in this remark. Indeed,

¹ Principes de Médecine Légale, traduit par Ballard.

² Ratio Medendi, vol. ii., p. 56.

³ Principes de Médecine Légale, p. 459.

⁴ Les affections internes, et particulièrement les maladies nerveuses, de simulées, dégénèrent fréquemment en véritables.—Metzger, ut cit., p. 214. Il est aussi dangereux d'imiter la folie que de contrefaire l'épilepsie, toutes deux pouvant se développer réellement.—Coche, de l'Operation Medicale du Recruteuxent, p. 306.

he thinks himself in possession of sufficient evidence to prove that real epilepsy has been considered feigned. Ballard states himself strongly as being of the same opinion.¹ And M. Gignoux has recorded a similar example.² This is more especially likely to be the case in some of the forms resembling catalepsy and hysteria. Dr. Cheyne quotes a case, related by Mr. Parker, surgeon to the 19th, in favour of this opinion.

When men are discharged on account of epilepsy, cross-cupping on the neck ought to be resorted to, in order to prevent their re-enlistment into the service.

CONVULSIONS.

From very early times, certain affections of the nervous system, the consequences either of natural disease—as is rendered probable by the observations of MM. Serres, Flourens, Noiland, Bouillaud, and Magendie—or of peculiar excitement, have been employed, sometimes to pass for dæmoniacal possession; sometimes for the effects of a spirit of prophecy; and sometimes for miraculous diseases or miraculous cures. The notion of dæmoniacal possession is of very remote antiquity; amongst the Greeks nervous affections were considered as of divine infliction, and were called sacred diseases.

Females, for the most part, have been selected as the agents in the exhibitions of this morbid state, as possessing a nervous system more morbid, more susceptible of such impressions, and prone to irregular action, than that of men. In some cases the parties have acted with a perfect good faith; in others, the phenomena have been one entire comedy; but *most commonly a small groundwork of physical fact has served to raise a superstructure of fraud and fanaticism.* Thus the modifications of chorea afterwards to be mentioned;—the convulsions

¹ Il arrive aussi fréquemment que cette affection succède à des accidents divers, surtout à des lésions du crâne, le cas qui est commun chez les militaires, encourt souvent le soupçon d'une épilepsie simulée. J'en ai vu plusieurs de ce genre aux armées.—Ballard, Principes de Médecine Légale, p. 459.

² Vide Journal de Desault, tom. ii., p. 45.

which became almost epidemic in the west of Scotland, in 1742, and which were occasioned by religious enthusiasm.¹ The convulsions described by Mr. Cornish, as having been prevalent in Cornwall in 1813 and 1814, hardly differing from the above;² the convulsions which were prevalent in some of the Zetland Isles during the middle and towards the close of the last century;³ the examples adduced by Dr. Haygarth occurring in Anglesea, in 1796;⁴ the seizures of the Jansenists, who made pilgrimages to the grave of Deacon Paris, during their persecution in 1724; are examples of the partly voluntary, partly involuntary feigning of disease. Many of the last mentioned class were, doubtless, impostors; though it is well authenticated that many credulous zealots actually worked themselves into convulsions by the mere power of their imaginations.

Many of the pretended supernatural cures or Hohenlohe miracles, (setting aside some cases where the patients were cured of nervous diseases, which are known to be under the influence of the imagination); the cures by the once famous Stroker, and those of the royal touching for evil; as well as the delusions of the *convulsionnaires* who feigned in France about the middle of last century, and the pretensions of animal magnetism—(“the animal magnetisers account for the results on their own principles. This, however, amounts only to the simple admission, that natural philosophy is the order of the present day, as religious mysticism was that of former times; and that they who live by imposing on the public must suit the burden to the back⁵);—are decided examples of transactions in which there is a little truth and much fraud and nonsense combined.

Many persons easily counterfeit convulsive movements; and

¹ Ed. Med. and Surg. Jour., vol. iii., p. 442.

² Cornish, in London Med. and Physical Jour., vol. xxxi., p. 373.

³ Whytt, Works, 4to, p. 382. ⁴ On Imagination as a Cause or Cure of Disorders, Bath, 1800 ⁵ Athenæum, No. 542.

the history of such simulators has been well known in all ages; a ridiculous instance is given by Foderé.¹ *Le Journal des Savants de l'Année 1710*, makes mention of an example so singular as to be worthy of notice:—It is there stated “qu’un mendiant de Flandres se faisait boucher le siege tous les matins, fort exactement, et qu’il avalait ensuite, un demi-livre de beurre, avec une certaine dose de mercure, ce que lui donnait des mouvements si extraordinaires, que chacun le jugeait possédé; le soir il se débouchait la partie qu’il avait bouchée le matin, et il vidait par là son esprit malin.”

When convulsive movements are feigned they do not present that stiffness of the muscles, or resistance and rapidity of action which appear in the real disease. Hence, Orfila states, that to discover the fraud, “It is sufficient to act with force upon the antagonist muscles.”² Fallot relates the case of a powerful man who gave himself up to the most violent convulsions, and whom it was most dangerous to approach; he caused him to be firmly bound in a strait waistcoat, with only one limb at liberty. He stretched it powerfully, which promptly subdued him.³ Foderé relates the case of a woman, who, apparently senseless, and labouring under the most frightful convulsions, was unable to resist the application of fire, and force applied to the antagonist muscles; she was thus detected after many years of successful simulation.⁴

Feigned convulsions are, for the most part, exposed by protracted watching; it being impossible for the impostor to keep up an incessant muscular action without exhausting himself. A seaman pretended to have a convulsive action of the muscles about the neck and upper part of the trunk, so as to produce an involuntary and incessant shrugging of the shoulders. The surgeon, under pretence of being very desirous to ascertain how often the alternate elevation and depression of the scapula

¹ *Traité de Méd. Lég.*, vol. i., p. 155, 1st ed.

² Orfila, *Léçons de Méd. Lég.*, vol. i., p. 410. Fallot, *Memorial de l'Expert*, etc. p. 208.

³ *Memorial de l'Expert*, etc., p. 208. ⁴ Mahon, *Médecine Légale* tom. i., p. 468.

occurred in a day, set some of his comrades to watch him; a mark being made for each shrug. He held out nearly twenty-four hours, when he succumbed.¹ A somewhat similar case occurred to Dr. Elliotson.²

When it is pretended that such affections come on periodically, the suspected person should be placed, as if accidentally, in a situation where he can be overlooked, without his being at all aware that he is under surveillance. In such a situation, Sir George Ballingall well observes, he will not continue the semblance of disease, when he can expect no impression to be made even by the reality.³ We have many cases recorded in which the imitation of convulsive movements of the whole body has been carried on, for a length of time, with great success and adroitness; some such instances are recorded under the head of EPILEPSY; these are generally a mixture of much fraud and a little truth; some real disease existing, or having formerly existed, convulsions are excited to some degree by the mere influence of habit, and the more powerful influence of mental emotion. In such cases we shall be baffled in our attempts to obtain a differential diagnosis from the premonitory symptoms, the paroxysms themselves, or their consequences; as the experienced simulator is aware of the characters and symptoms which it will be necessary for him to pretend. The following observations may, however, be serviceable in the discovery of feigned convulsions of a local character:—

In convulsive affections of the eye-lids, if the convulsion is confined to the levator palpebræ superioris, the upper eye-lid is forcibly drawn up, and cannot be closed; the eye-ball, consequently, remains uncovered, and is exposed to painful irritation. This may be taken advantage of to test the reality of the convulsive affection, seeing that closure of the eye-lids will immediately be produced on the exposure of the eye to any

¹ Ed. Med. and Surg. Jour., vol. xxx., p. 179.

² Lancet, N. S., vol. vii., p. 273.

³ Military Surgery, p. 580.

painful irritation; such as the light of a burning body, a drop of spirits, turpentine, tincture of capsicum, &c. Feigned convulsive action of the orbicularis may be detected by the comparative ease with which the lower eye-lid may be separated from the upper.

The great variations with respect to the contractility and dilatation of the iris render these phenomena very doubtful indications of the reality of convulsive affections.

The convulsive affections of the muscles of the face give rise to a great variety of remarkable and opposite expressions, which are so peculiar that they can be imitated with great difficulty. The only exception will be in the case of those habitual twitchings of certain muscles of the face common to persons of a highly nervous temperament. Such individuals I have found to be able to imitate, with perfect exactness, the convulsive movements common to them. In feigned cases, the tongue, when put out, does not sympathise with the simulated convulsive movements of the face.

Feigned convulsive movements of the muscles of the neck are considered under the head of **OBSTIPATION**.

Feigned convulsions of the muscles of the thorax will seldom present the peculiar respiration common to the real.

In the latter we observe a few short inspirations and expirations, and then a long intermission, without any breathing, followed by several deep inspirations. In the former, the deep inspirations precede the convulsive movements, and the action of the heart does *not* subside with the paroxysm to its natural standard, but remains accelerated, through the violence of the movements of the simulator.

In feigned convulsions of the muscles of the trunk, the body is seldom bent either backwards or to one side, as in the real affection, but, alternately, to one or the other side, and sometimes forwards as well as backwards.

In feigned convulsions of the upper extremities, though the position of the fingers is commonly correctly imitated, yet the

hand is frequently not turned as in pronation, but as in supination ; the arm is also frequently extended, in place of being bent on the arm, or moved backwards and forwards.

Feigned convulsions of the lower extremities are most open to simulation, in consequence of the adductors or abductors being but seldom affected.

In mixed cases, the circumstance recorded by Boerhaave of almost all the boys and girls in the hospital of Haerlem being seized by convulsions from their seeing a girl who had been frightened into them, at once points out the bane and antidote. That fear, indeed, or terror, will not only occasion convulsions, but also remove them, or, at least, often prevent their accession, might be inferred *a priori*, even if it were not proved by experience. Thus the actual cautery employed by Boerhaave, soon put a stop to them in the hospital at Haerlem ; and their prevalence in certain of the Zetland Isles is said to have been arrested by the unceremonious ducking inflicted upon two or three of those affected ; the fear of being treated in the same way having effectually prevented others from being attacked.

CHOREA.

Under this head may be noticed certain singular affections, which seem to have been erroneously classed with Chorea, as well as some others which appear to have been equally entitled to the above appellation.

Genuine chorea being little open to simulation, we have chiefly to consider these anomalous affections. No disease better illustrates the observations preceding the classification adopted, than the modifications of chorea. Oppression, insecurity, and the influence of a very rude priestcraft, were the powerful causes which operated on the Germans and Italians of the middle ages, and which produced so much imposture. The effects of the above-mentioned causes are the same now as they were formerly, for they operate on man independently of locality, and are exemplified in the condition of the Abyssi-

nians of the modern times, who are a mirror of the condition of the European nations in the middle ages.¹

A curious account of the original Chorea Sancti Viti is given by Burton,² which may be referred to, and accounts of the disease are contained in the writings of Schenkus and Paracelsus. Felix Platerus reports an affection similar to these;³ and we learn from Horstius⁴ and others that it was liable to recur every year at the same period. The frequency of the disease as reported, however, gives rise to suspicions of imposture.⁵ In Hecker's *Dancing Mania of the Middle Ages*, it, as well as its related affections, are well and minutely described.

Baglivi, who has given us an account of somewhat similar symptoms arising from the bite of the tarantula, or venomous spider, in Apulia, states, that the disease was very often counterfeited by the women for the purpose of enjoying the agreeable diversion of music and dancing, which was allowed to those afflicted with the malady, and hence the proverb "Il carnevaletto delle donne."⁶

Metzger and Wildberg likewise state, that the simulation of Chorea Sancti Viti was of frequent occurrence. Hecker, in his graphic account of this disease, states, that "gangs of idle vagabonds, who understood how to imitate to the life the gestures and convulsions of those really affected, roved from place to place, seeking maintenance and adventures; thus, wherever they went, spreading this disgusting spasmodic disease like a plague." "At last it was found necessary to drive away these mischievous guests, who were equally inaccessible to the exorcisms of the priests, and the remedies of the physicians. It was not, however, until after four months that the Rhenish cities were able to suppress these impostures, which had so largely increased

¹ Hecker states that the Abyssinians have their Christian flagellants; and there exists among them a belief in a Zoomorphism, which presents a lively image of the Lycanthropy of the middle ages.

² Anatomy of Melancholy, vol. i., p. 15.

³ Observ. de Mentis Alienat., cap. 3

⁴ Epist. Med., s.7, Opera 4to., 2nd vol., p. 120.

⁵ Cyclop. Pract. Med., vol. i., p. 413.

⁶ Practice of Physic, p. 363 to 382. London, 1714.

the original evil." At Strasburg, too, imposture and profligacy played their part.

Copland is of opinion, that if the descriptions of the disease first called *Chorea Sancti Viti*, by Schenck, Paracelsus, and Felix Plater, had not been confirmed by the more accurate observations of modern practitioners, it might have been viewed as greatly exaggerated, if not entirely feigned.¹

This disease, or mixture of disease, duplicity, and fanaticism, so common in the sixteenth century, received various names, and has not inappropriately been termed *Morbus Saltatorius*, and *Epilepsia Saltatoria*. The chief synonyms of these varieties of chorea are, *Tarantismus*, *Tarantulismus*, *Choreomania*, *Melancholia Saltans*, *Chorea Sancti Viti*, *Chorea St. Johannis*, *Chorea St. Valentini*, *Chorea St. Modesti*, *Saltus Viti*, *Ballismus*, *Orchestromania*, and *Dæmonomania*: it was formerly called the dance of St. Guy by the French, and of St. Weit by the Germans.

According to the accounts of these affections, there appears to be little difference between the *tarantismus* of Sauvages in its second stage, and the original chorea of the Germans. It is very difficult to believe that the whole, or at least the greater part of the phenomena in both these affections was not feigned. It is, however, admitted that the poison of the tarantula spider is most successfully counteracted by the exciting influence of music on the mind, and the profuse perspirations produced by continued dancing.

Serao, the Neapolitan, the most acute among the sceptics as to the reality of this affection, directly confirms, however, what in appearance only, he denies. By shaking, towards the decline of the affection, the vacillating belief in this disorder, he is said to have actually succeeded in rendering it less frequent, and in setting bounds to imposture.²

Baglivi states that "the players that have not their lesson to

¹ Dict. Pract. Med., vol. 1., p. 331

² Franc. Serao, della Tarantola o vero Falangio di Puglia, Napol. 1742. See Hecker, p. 114.

learn in these matters, easily discover the cheat of the women" who feign the affection; "for if they find that they presently take any motions, and jog on indifferently, without any regard to the swiftness, slowness, or other difference of sounds, they give to understand, that the honest woman is but in jest, and afterwards experience puts the matter out of doubt."¹

In consequence of many chlorotic females joining the dancers at the Carnevaletto, and being freed from their spasms and oppression of breathing, this numerous class of patients certainly contributed not a little to the maintenance of the evil; for their fantastic sufferings, in which dissimulation and reality could scarcely be distinguished even by themselves, much less by their physicians, were imitated, in the same way as the distortions of the St. Vitus' dancers, by the impostors of that period. It was certainly by these persons also, that the number of subordinate symptoms was increased to an endless extent; as may be conceived from the daily observation of hysterical patients, who, from a morbid desire to render themselves remarkable, deviate from the laws of moral propriety.² Towards the decline of tarantulism imposture grew more frequent.

An affection closely allied to chorea was prevalent in some parts of Scotland, and termed the "Leaping Ague."³ Cases of this form of disorder have been detailed by Tulpus,⁴ Penada, Reil,⁶ Brückmann,⁷ Westphal,⁸ Crichton,⁹ Piedagnel,¹⁰ Laurent,¹¹ Dr. St. Clare,¹² Fritze,¹³ and others.

An extraordinary epidemic also prevailed in 1742, in the parish of Camberstang, in Lanarkshire,¹ and a similar epidemic

¹ Practice of Physic, p. 363 to 382.

² Hecker's Dancing Mania, pp. 104, 5.

³ Ed. Med. Surg. Jour., vol. iii., p. 435; Statistical Account of Scotland, by Sir John Sinclair; Lord Monboddo, in his Ancient Metaphysics; see also Dancing Mania of the Middle Ages, by Hecker.

⁴ Tulpus, t. i, cap. 16. 17.

⁵ Saggio d' Osservazione, n. 9.

⁶ Fieberlehre, b. iv., p. 626.

⁷ Horn's Archiv., Jan. 1811, p. 9, et 1812, p. 168; et Journ. de Med., t. 74, p. 136.

⁸ Pathologia Dæmoniaca, p. 1. ⁹ Ed. Med. and Surg. Jour., vol. xxi., p. 300.

¹⁰ Majendie's Physiology, translated by Milligan, 3rd ed., p. 189.

¹¹ Ibid., p. 191.

¹² Gentleman's Magazine, 1787, March, p. 268.

¹³ Hufeland's Journal der Praktischen, Heilkunde, vol. xii., 180, 1, pt. i., p. 110.

¹⁴ Med. and Surg. Journal. The Enquirer, No. 11, vol. iii., p. 441.

occurred in the western districts of America about the year 1800.¹ The Barkers, Shakers, and numerous other convulsive Methodistical sects, abound in North America, even at the present time. These instances; the convulsions of the Jumpers prevalent in Cornwall in 1813, 1814;² those occurring in the Zetland Isles;³ and the seizures of the Jansenists; are instances of those transactions of mixed character, in which fanaticism is most difficultly dealt with. It will scarcely be believed, that in enlightened France this celebrated sect continued to exist till only a few years ago.

A very similar disease exists at the present time in Abyssinia, which nearly resembles the original mania of the St. John dancers. It occurs most frequently in the Tigré country being thence called Tigretier. An account every way worthy of credit is given by Pearce,⁴ who was an eye-witness to the affection. The Baroness Minutoli recounts the history of a religious fanaticism, similar to the tarantulismus, occurring at Cairo;⁵ and in Arabia the same fanatical zeal exists. Perhaps there is no instance in which imposture successfully taxes credulity, more remarkable at the present day, than that afforded by the Psylli of Egypt. This sect continues to exhibit the same strange spectacles as the ancient Serpent-eaters of Cyrene, described by Strabo,⁶ Lucan,⁷ Herodotus,⁸ and Pausanias,⁹ Savary states that he witnessed a procession at Rosetta, where a band of these seeming madmen, with bare arms and wild demeanour, held enormous serpents in their hands, which writhed round their bodies and endeavoured to make their escape. The Psylli, grasping them by the neck, tore them with their teeth, and ate them up alive, the blood streaming down their polluted jaws. The populace believed their performance to be miracu-

¹ Inaugural Essay on Chorea Sancti Viti, by Felix Robertson, Philadelphia, 1805. Ed. Med. and Surg. Jour., vol. iii., p. 446. ² Cornish, London Med. and

Phys. Jour., vol. xxxi., p. 373. ³ Whytt, Works, 4to, p. 582. ⁴ The Life and Adventures of N. Pearce, during a Residence in Abyssinia, London, 1831, 8vo, vol. i.

ch. i., p. 290. ⁵ Recollections of Egypt. London, 1827. ⁶ 17 Dio. 51. c. 14, 7 9. v. 894, 937. ⁸ 4. c. 173. ⁹ 9. c. 28.

lous. Sonnini gives an interesting account of an individual example, and remarks, "It is very certain that, whether it were reality or imposture, it is impossible to see the transports of rage and madness exhibited in a more striking manner, or have before your eyes a man more calculated to inspire terror."¹

What falls within the reach of the senses of the observer, passes off a great deal that is either simple deception on the part of the actor, or the self delusion of an excited imagination. For instance, most unreflecting, though it may be educated persons, believe that they see things done, which the exhibitors of conjuring tricks lead them falsely to believe are done in reality. To estimate justly what appears under such circumstances to be the evidence of *sense*, requires a cool and well disciplined intellect; for in a contrary disposition, the *memory* and the imagination are so confounded with the real, that to trace the origin of our ideas is often impossible. It is not because an honest-minded witness declares that he has seen a something out of the common order of nature, that a wise man will yield implicit conviction to his testimony.²

Whether in the real disease, the strange mental or monomaniacal symptoms, which have generally accompanied the convulsive motions, may, as well as the latter, be attributed to an affection of certain individual parts of the brain, is more than problematical.

Cases of similar nervous disorders, apparently intermediate between chorea and convulsions, and often partaking of many of the features of hysteria, as well of the affection called *mal-leatio*, have been detailed by Tulpus, Horstius, Morgagni,³ Wiehman,⁴ Majendie and others, before referred to. It is difficult to believe, however, upon perusing the particulars of these cases, as related by these historians, that they are the actual phenomena of disease.

¹ Hunter's Translation of Sonnini's Travels, 8vo, 1799.

² Vide Athenæum, No. 542. ³ De Sed. et Caus. Morb., ep. x., art 21.

⁴ Ideenzur Diagnostik, b. i., p. 131. 144.

A little time and observation will generally be sufficient to detect the true nature of the pretended chorea, as the simulation is practised in the present day.

Dr. Fallot relates an account of a Swiss soldier, who feigned St. Vitus' Dance. The symptoms were a little exaggerated, but in general they were exceedingly well imitated. The complaint seemed to be productive of much suffering, from which he anxiously begged to be relieved. He very nearly attained his discharge, but being unable to give a satisfactory account of the progress of his affection, or to explain his feelings correctly, he was prompted by the doctor, who elicited such strange statements as to lay bare the fraud. He had been tutored in his imposture by a medical relation.

It may be observed that the countenance and attitude of patients afflicted with genuine chorea are very different from those of pretenders.

In the former, the eyes lose their lustre and expression; the countenance becomes pale, languid, vacant, and in severe and protracted cases, conveys the idea of imbecility, or even of fatuity.

In pretenders we shall rarely observe any unusual softness and flaccidity of the muscles, or that emaciation takes place, though vertigo and headach are symptoms capable of simulation. In states of repose the pulse is somewhat quick in real chorea, but natural in the pretended affection; in the former there is generally tumefaction and increased hardness of the lower regions of the abdomen, the bowels are constipated, and require more powerful purgatives; the urine is generally pale and copious; the tongue and gums pale; articulation is impeded, and deglutition difficult; these are symptoms which, (except the last two,) are not easily capable of simulation, and are not likely to be known to the pretender.

Pain is seldom complained of in the real, but will form a prominent symptom in the pretended disease; so likewise, the rest, which is often disturbed in the former, will be profound

in the latter. There will also be wanting the timidity, fretfulness, desire of solitude, sighing, palpitations, and concealed mental affection common to the real disease.

Where suspicions of deception are entertained, as they must be in the great majority of such cases, the hints under the heads of CONVULSIONS and EPILEPSY will be found useful in leading us to a true diagnosis; the treatment, too, will also prove a salutary punishment, though we must avoid every such means in our medical character.

Thus *in the early stage*, the cold affusion, rubefacient liniments, purgatives, the animal oil of Dippell, recommended by Werlhof, the cod or tusk liver oil and turpentine, prescribed by Dr. Copland, electricity and also galvanism, are agents, whose influence the pretender will not long resist. In the Tigré Country the cold water treatment is employed: the patient is drenched with cold water daily for the space of seven days—an application that often proves fatal. In Shetland a pious minister, obviated the repetition of the paroxysm of this chiefly simulated, scarcely real affection, by the assurance that no treatment was more effectual than immersion in cold water; and as his kirk was fortunately contiguous to a fresh water lake, the proper means of cure would be ensured. Not a single Naiad was made.

Sir John Sinclair states, that cold bathing was likewise found to be the most effectual remedy in the “Leaping Ague;” and in Shetland an unceremonious ducking in a ditch of water, cured the affection. Dr. St. Clare relieved universally, without exception, the affection aptly compared to tarantism, occurring at Flodden Bridge, Lancashire, by the agency of electricity.

Extasies and possessions are now with justice considered impossible, and those who pretend to them, impostors.

CATALEPSY AND CATALEPTIC EXTASY.

We have now a sufficient number of cases on record, to believe this state to be not uncommon, and some of these

have occurred in military life.¹ It is a disease that is sometimes feigned ; and Copland states, that it is not unfrequently simulated by soldiers and sailors, and by hysterical and capricious females.² Cullen, indeed, doubted its very existence, as he never happened to meet with any instances of it which were not feigned. In civil practice the practitioner must not overlook the fact of all varieties of catalepsy being frequently feigned, (particularly by females,) even by those in good circumstances, and when there can be no end to serve by the imposture, further than to create interest in their behalf.³

Real catalepsy can scarcely be successfully feigned, but there are numerous instances of a state in some degree resembling this affection having been simulated ; some of which have resisted the severest and most rigorous modes of investigation.

As in far the greater number of authentic and fully detailed cases, catalepsy has appeared to bear the strongest affinity to hysteria,⁴ so, the modifications of the disease by the latter affection will not be so difficult to feign, or so easy to detect. Accordingly, from the various recorded cases of the simulated affection, they do not in any instance appear to have been that of perfect catalepsy, but rather the pretended loss of voluntary motion, without that of total obliteration of consciousness ; thus approaching the catochus, or extasies of Sauvages,⁵ and the day-mare of the author of the *Philosophy of Sleep*, an affection commonly termed a trance.

A state of profound insensibility, coupled with relaxation of the muscles, is the state which is most frequently assumed.

There is much reason to believe that the majority of those cases of extasy are counterfeited, in which there are vivid dreams, or visions of an extraordinary nature so impressed upon the

¹ Bonetus, Medico-Septentrion., lib. i., sect. 16. p. 6 ; related in Crichton on Mental Derangement, vol. ii., p. 264.

² Dict. of Pract. Med., vol. i., p. 885.

³ Copland, op. cit., p. 293.

⁴ Cyclop. Pract. Med., vol. ii., p. 360.

⁵ Sauvages Nosol. Method., t. iii., p. 542 ; et t. iv., p. 397.

memory as to be afterwards minutely detailed. Many of the cases which have lately made so much noise in this metropolis, under the idea of inspiration with "unknown tongues" were doubtless instances of the simulation of cataleptic extasy.

The case which M. Petetin details in his treatise on catalepsy,¹ in which, not merely consciousness and the power of voluntary motion were abolished, but the functions of the senses were transplanted into the epigastrium and into the extremities of the fingers and toes, ought decidedly, in my opinion, to come under the terms of deception and delusion; in fact, of disease successfully simulated, and exaggerated into absurdity.

With regard to true catalepsy, even in the case of a practised and stubborn impostor, it is doubtful whether the peculiar state of the muscular system which occurs in it, is capable of successful simulation. It appears impossible that the extremities should be placed in such awkward and painful postures, without the appearance of such a tremor as should reveal the deceit.¹

As it is the character of this disease that the senses are so entirely abolished, that severe pain may be inflicted without being felt, and loud noises produced without being heard, we are authorised in putting to the test the existence of these senses, in those who are suspected of imposture. The means for detection may be found under the heads EPILEPSY and DEAFNESS.

Some of the simulators of the varieties of this disease have resisted the several modes of investigation. One case of this kind stood out against the shower-bath, electricity, and a variety of other energetic treatment; but was detected by the pulse of the individual being found to rise when a proposal was made, in his hearing, to apply the actual cautery.² Another young soldier, who simulated a state intermediate between

¹ Petetin, *Elect. Animale prouvé par le Deconv. des Phenom. Physiq. et Mor. de la Catalepsie*. Paris, 1818. ² Joy, *art. Catalepsy, Cyclop. Pract. Med.*

³ Smith's *Principles of Forensic Medicine*.

catalepsy and carus, resisted means of still greater severity; such as the thrusting of pins under his finger-nails, scalping, and trephining the head, &c.; and persisted in the deception till he obtained his discharge; immediately after which he was seen, in apparent perfect health, and assisting his father to thatch a rick.¹ Abernethy states, that John Hunter detected a case by appending a weight to the arm, and suddenly removing it by cutting the cord which suspended it. The arm was raised by the effort of volition made to retain the weight.² Dr. Joy seems to think, this would scarcely be conclusive, as says he, "it seems to leave the natural elasticity of the muscles altogether out of account."³ Isfordink remarks, that the impostor is ignorant that in this disease the limbs are very flexible,⁴ and that therefore he generally struggles, when one attempts to bend the limb. If this experiment does not detect the deceit, he states, that the imposition will be discovered by the trembling of the limb, when a considerable weight is hung upon it, which is never the case with a true cataleptic.

Electricity and galvanism may be found useful adjuncts; but the fact of the disease being subdued by their influence, must not lead us to infer deception, as they are said, in some instances, to have cut short a real attack.⁵

The use of powerful stimulants, letting fall a drop of very hot, or very cold fluid, on the skin of the patient's neck; proposing the actual cautery, whilst the pulse is being felt, and marking the effect; together with the stratagem resorted to by John Hunter, are the usual means of detection. The consideration of the circumstances under which the affection is observed, and the kind of person affected, will materially aid our diagnosis. It would appear, that the treatment proper to be pursued in real cases of this disease, would be sufficiently discouraging to the impostor. In consequence of evidence of

¹ Ed. An. Reg., vol. iv. ² Transact. of the Col. of Phys. Lond., vol. vi., p. 272.

³ Art. Catalepsy, Cyclop. Pract. Med. ⁴ Militarische Gesundheit Polezei.

⁵ Cyclop. of Pract. Med., vol. ii., p. 362.

active congestion within the head having generally been furnished, vascular depletion would be resorted to. The affusion of cold water, repeated purgatives, issues, setons, perpetual blisters, moxas, and disagreeable antispasmodics, furnish a list which the pretender would seldom go through.

It will be more difficult in some cases (and such cases have occurred,)¹ to distinguish between death and catalepsy, than to detect the real from the feigned disease. There are many instances on record, where persons in a state of trance have narrowly escaped being buried alive; and there is even reason to believe, that in countries where burial usually takes place much sooner than in this, such a circumstance has actually occurred. The stethoscope, however, ought now to prevent such an occurrence from taking place, by detecting the feeble action of the heart, which can never be altogether extinct in catalepsy. The state of the cornea and the sphincters will also afford us satisfactory information.

PARALYSIS.

This is a disease, the simulation of which is *very easy*, and the reality of which it is very difficult to determine. It is therefore feigned by soldiers, and is occasionally pretended by out pensioners who wish to obtain a higher pension than that which they receive. It is also frequently pretended by mendicants.

It has been simulated in almost all its forms, and as successfully in hemiplegia and paraplegia as in local paralysis. General paralysis is a state so little open to simulation, that I do not find a single case of its being feigned recorded.

Marines frequently feign paralysis of the fore-finger of the right hand, and consequent incapability of drawing the trigger.

Paralysis of the superior extremity is that variety of palsy which is most frequently feigned. Paralysis of sensation is

¹ Duncan's Med. Commentaries, vol. x.

much less frequently pretended than the loss of the power of motion ; though exalted sensibility is sometimes added to the muscular paralysis.

Ballingall observes, that unless dependent on some organic lesion, paralytic attacks are little incident to men at that time of life when called upon to serve as soldiers or seamen.

HEMIPLEGIA.

Orfila relates the case of a man who feigned hemiplegia, and that so successfully as to obtain his exemption from the service ;¹ and Beck relates an instance of the same disease being so successfully feigned as to deceive a court and jury. This is one of the most perfect, successful, and barefaced instances of imposition that is perhaps recorded in Medico-Legal writings ; as however Beck states that the case is an extract from an American newspaper, the usual doubt attached to such histories can scarcely fail to be excited. As the case is graphically told, I consider it worth insertion. “A dexterous deception was recently practised upon the Court of Sessions at Hackensack. A fellow who had been a long while in prison, awaiting trial on an indictment for perjury a few days previous, to the time appointed, had a severe paralytic stroke, which rendered one side entirely powerless. In this helpless condition, he was carried from the prison into court, on a bed. The spectacle of an infirm fellow-being, trembling into the grave, on a trial for perjury, had a visible influence upon the sympathies of court and jury. The evidence however was so unequivocal that the jury convicted him. During the progress of the trial he became so faint that a recess was granted, to enable him to be re-conveyed to his apartment in the prison for revival ; the prosecuting attorney kindly lending assistance. The court, in view of the prospect of his being speedily called to a higher tribunal, instead of sentencing him to the state prison, simply

¹ Léc. de Méd. Lég., vol. i., p. 407. Also Dict. des Sciences Méd., art. Simulation.

imposed a fine of five dollars, which his brother, who manifested the most fraternal solicitude, paid, and conveyed him away in a bed, in a wagon. The next day the prosecuting attorney encountered the fellow, at the foot of Courtland Street, in New York, who told him laughingly, that he had recovered; and then dropping his arm and contracting his leg, in true paralytic style, hopped off, leaving the learned counsel to his own reflections.¹ Beaupré likewise states, that a man simulated hemiplegia so perfectly, as to deceive by its appearance a very well informed surgeon.² On this case he makes the following reflection. “Il ne fallut qu’un peu de reflexion pour faire reconnaître de suite que la maladie était feinte, et que le delinquant se trahissait lui-même, parceque la contraction des muscles qui dans la maladie réelle porte la commissure des lèvres en dehors, et a pour cause le défaut d’action des muscles antagonistes, avait lieu du côté même prétendu paralysé, ce qui était évidemment contraire à l’observation et à la theorie admise.” Marshall also mentions a case of hemiplegia, which, however, he detected by the simulator, on the elbow joint being flexed, forgetting to let the forearm fall to its original position, and by resisting for a time a slight attempt to straighten it. He also refers to a case, where, for eight months, the impostor succeeded in deceiving the medical officer. Fallot relates a case of pretended hemiplegia, said to be the consequence of cold, which was overcome less by the application of moxas to the cervical portion of the spine, than by the tiresomeness of playing an ineffectual game.³

In suspicious cases of hemiplegia, our inquiries must embrace the origin of the attack, its nature and course. Whether arising 1. from apoplexy; 2. or likely to precede it; 3. whether characterised by previous symptoms, such as pain in the head, disorder of the intellectual powers, spasmodic twitchings;

¹ Medical Jurisprudence, p. 14, ed. 1836; quoted from a New Jersey Newspaper.

² Memoire sur le Choix des Hommes propres au Service Militaire, p. 90.

³ Memorial de l’Expert, &c., p. 265.

4. whether gradually supervening in persons in advanced life ;
5. whether preceded by a train of anomalous and perplexing symptoms, having a relation to chorea, or fits of an epileptic character ; or 6. whether succeeding at some period after the receipt of an injury.

In the attack itself, if with the loss of voluntary power over the upper and lower extremity, we do not recognise paralysis of the side of the face, a drawing of the mouth to the sound side, more or less upwards ; a curve of the tongue when protruded, the convexity being towards the affected side ; an increased dilatation of the nostril of the sound side, which is not equalled by that of the paralysed, when a long inspiration is made ; the peculiar pointing of the foot when it falls, as it were, by its own gravity ; adduction of the affected arm, and slight flexion of the fore-arm, wrist, and fingers ; we have every reason to believe the case pretended.

In pretended hemiplegia, asserted to be the result of an injury to the head, the simulator is not likely to be aware that the paralysis should occur on the side opposite to that injured.

PARAPLEGIA.

In Marshall's work, a case of Mr. Gulliver's is related, where loss of power of the lower extremities was accompanied by equally pretended extreme sensibility. This man, however, spoiled his own game, by supporting himself on one occasion with his arms round the necks of two orderlies, his thighs being drawn up to the abdomen, and his heels nearly touching his buttocks.

The courage and coolness with which some impostors who have feigned paralysis of the lower extremities, have endured pain is very remarkable. Thus, Foderé relates the case of a man who supported for thirteen months the application of epispastics, the moxa, cupping, &c., asking earnestly for a trial of new remedies, and exciting the commiseration of all who saw him, till he obtained his dismissal, when he immediately aban-

doned the use of his crutches.¹ Dr. Cheyne mentions several cases of simulated paraplegia, in two of which the pretended paralytics evinced ludicrous proofs of their still possessing the power of using their limbs, immediately after they had succeeded in gaining their discharge.² Indeed the success of some impostors is so surprising as almost to exceed belief: it would appear that when a malingerer possesses sufficient fortitude to endure the remedial treatment requisite for the cure of this affection, and the irksomeness of hospital discipline for a considerable time, he will in general succeed in obtaining his end, namely, his discharge. "In many instances it becomes a trial of patience between the surgeon, the commanding officer, and the simulator; so that detection of the fraud frequently fails in making the impostor return to his duty."³

In order, however, that the grounds for our decision as to the existence of fraud may be sufficient, and such as to justify us in giving up the medical management of the case, which is the most advisable course to pursue in feigned disabilities of a chronic character, the following remarks may be made.

True paraplegia presents little variety in its mode of accession; being either slow and gradual, or the result of some sudden exciting cause which can be easily determined. The pretender cannot recount the history of the gradual accession of the disease, or introduce the successive symptoms in their proper order. As in true paraplegia there is a considerable degree of impaired sensation, more than in any of the other forms of paralysis of motion; he is liable to detection through the indications of pain, which may be produced by numerous agents. As atrophy is much more rapid in cases of spinal than of cerebral disease, we would expect wasting to take place much more rapidly in paraplegia than in hemiplegia, and in true than pretended paraplegia. The pretended paraplegic will never exhibit those spasmodic actions in some particular muscles of the lower limbs,

¹ *Traité de Méd. Lég.*, vol. ii., pp. 473. 84.

² *Dublin Hosp. Rep.*, vol. iv., p. 142.

³ *Marshall*, 2nd. ed., p. 154.

which are so common in true paraplegia : more especially will it be impossible for him effectually to simulate paralysis of the bladder and rectum. If such a simulation should be added to the loss of power of motion of the extremities, the means of detection detailed under the heads of RETENTION OF URINE, and INCONTINENCE OF URINE AND OF THE FÆCES, will be sufficient to expose these simulations. The state of the urine alone, would, in a great measure, be sufficient to lay bare the deceit, since the secretion of the kidneys is considerably affected in this disease, and the urine seems prone to calculous deposit.

LOCAL PARALYSIS.

The *partial* loss of the power of an extremity is sometimes simulated, and the fraud is not always easy to detect.¹ Detection generally follows when the limb is apparently sound, and neither unusually soft nor materially attenuated. Baron Percy recommends a trial to be made of the actual cautery, in which Laurent,² Orfila,³ and Fallois⁴ agree. If the affection be real, this treatment may be advantageous, and although simulators often evince considerable fortitude, they have for the most part great reluctance to the application of caloric in this manner. Some of the more ingenious and mild means, which are to be related as having already discovered fraud, ought to be previously employed.

Paralysis, when feigned, is generally said to be the consequence of some wound :⁵ when it is accompanied with no cicatrix, or trace of considerable contusion, on one of the points mentioned, and when the member appears otherwise as thick and as voluminous as that of the opposite side, which is sound, it may, with considerable certainty, be pronounced a clear case of fraud.

¹ Marshall, Ed. Med. and Surg. Jour., vol. xxxvi., loc. cit.

² Dict. des Sciences Méd., art. Simulation, t. li.

³ Leçons de Méd. Lég., vol. i., p. 407.

⁴ Memorial de l'Expert, &c., p. 264.

⁵ Coche, De l'Operation Méd. du Recrutement, p. 302.

But where any wound has been inflicted, it is necessary, in such cases, to proceed with extreme caution, and not to pronounce rashly, that a wound slight in appearance, yet which had divided the nerve supplying the muscle, may not in reality cause the disease of which the patient complains. Cases of this kind, which were supposed to be feigned, are on record.¹ Thus Percy and Laurent relate a case where a sword wound, leaving a very slight cicatrix, had cut the circumflex nerve which supplies the deltoid muscle, and which produced paralysis of that muscle; and they state that such cases are often met with in the army. Boyer has seen a similar case from a slight sabre wound of the deltoid; and other cases are recorded where divisions of the radial and ulnar nerves had produced similar results;² also division of the median nerve in opening an abscess.³ Dr. Thirion met with a case, where paralysis depended on a wound of the external cutaneous nerve of the arm, the cicatrix of which was almost imperceptible.⁴

Hennen (p. 302) states, that paralysis has been mistaken for dislocation of the humerus. The affection supervened on depression of the parietal bone. Orfila warns us, that since such occurrences as those above-mentioned take place, we should examine the member attentively, in order to discover if there be a cicatrix on any part of it.⁵

Cases are related where paralysis is said to have been artificially produced for the purpose of evading service, (*e. g.* *Dict. des Sciences Méd.*, art. SIMULATION, p. 350,) and where section of the nerve has been resorted to.

Dr. Cheyne has seen paralysis of one of the arms feigned with great constancy. It ought always to be considered a

¹ *Dict. des Sciences Méd.*, art. Simulation, t. I. p. 348.

² *Lib. cit.* pp. 349, 350.

³ Lobstein gives the case of a man, who died at the age of fifty-four, having paralysis of the right leg, produced by a fall received when a child, by which the crural and sciatic nerves were much injured; on dissection, all the soft parts and bones were reduced to an extreme state of atrophy; the right femur weighed only twenty-six drachms, the gastrocnemius and solæus but twenty-four.

⁴ Fallot, *Memorial de l'Expert*, &c., p. 265. ⁵ *Lçons de Méd. Lég.*, vol. i., p. 406.

very suspicious circumstance in a soldier or sailor, if the loss of power is confined to a single limb, as the arm ; as such a form of paralysis coming on in adults is extremely rare.

Coche says the simulation is ridiculous ; but experience has proved that, however ridiculous, it has been highly successfully practised.

Paralysis arises from one of two causes, which produce different effects upon the appearance of the affected limb ; either from disease of the brain, or spinal cord, or of the nerves supplying the paralysed part. When caused by disease of the brain, or cord, the emaciation proceeds slowly, and is directly proportionate to the loss of motion ; the diminution in the size of the muscles resulting not directly in any defect in their nutrition, but indirectly from their inactivity, consequent on the loss of nervous influence. When paralysis arises from an affection of the nerves of the part, the atrophy takes place much more rapidly, and is considerably greater than could be accounted for by the mere loss of motion : since in this case, the nervous influence which regulates the actions of the capillaries, and directly controls nutrition, is injured, and a wasting of the part follows, proportionate to that injury, and not proportionate to the muscular inactivity of the limb. Generally, in cases of paralysis, simulated by imitation, there exist none of the symptoms which characterise paralysis, except the loss of the power of voluntary motion. Thus the countenance indicates vigour, health, and intelligence ; the function of the brain is undisturbed, all the senses are entire, and the corresponding limb is not affected ; sometimes, however, there is œdema of the limb pretended to be affected, produced by a ligature round its upper part. In a case detected by Dr. Cheyne, he founded his opinion of the fictitious nature of the disease on these considerations.

In the treatment of such cases, electricity will succeed more frequently than any other remedy.¹ Dr. Blatchford relates a

¹ Beck, Med. Jurisprudence, p. 13, ed. 1836.

case, which having resisted every description of medicine, was instantaneously cured by this means;¹ and Dunlop cites another.² This opinion is adopted by Cheyne.³

Dr. Scott, surgeon to the 2nd Rifle Battalion, successfully treated a feigned case of this kind by low diet, perpetual blisters, and eight hours' exercise *per diem*.

Malingersers pretending to have lost the use of their limbs, have been detected by putting them, without their knowledge, under the influence of opium, and tickling them when in profound sleep;⁴ or by binding the sound arm to the side, and irritating the nostrils during the night with a feather.⁵

They have betrayed themselves by using the limb on their first awakening, before they recollected themselves.

A case is related where a man pretending to have lost the use of the extensor muscles of the right hand, was detected by his gradually raising his arm as far as the extensor muscles could carry it, on the near and nearer approach of a red-hot poker.⁶

On an alarm of fire being given, an individual who for two years had pretended paralysis of the lower extremities, and endured every thing that medical skill and suspicion could suggest, saved not only himself, but his trunk and clothes.⁷

One man was detected by rubbing his feet with cowhage (*Dolichos pruriens*). He walked and groaned all night, and next day reported himself fit for duty.⁸

Lt. Davis at Chatham, knocked gently at the dusk of the evening, on the window of one who could not move, and had lain in bed for a month. On calling him gently by name, he was at the window in an instant.⁹

In these, and similar cases, it is remarkable how parts of the body can be kept for so long a time (two or three years) in a

¹ Inaugural Diss. on Feigned Diseases.

² Beck, lib. cit., note, p. 12, ed. 1835.

³ Dublin Hosp. Rep., pp. 141. 142.

⁴ Hutchison's Surg. Obs., p. 164.

⁵ London Med. and Phys. Jour., vol. liv. p. 93.

⁶ Hutchison, ut cit., p. 165.

⁷ Marshall's Hints, &c., p. 124.

⁸ Id m, p. 104.

⁹ Cyclop. P. M., vol. ii., p. 134.

state of inaction, with hardly any diminution of muscular power. The cases already referred to, related by Cheyne, are laughable instances of agility, immediately consequent to successful deception.

Fielitz cured a case of pretended paralysis and sciatica by the application of a moxa; the man gave a leap, and was relieved on the spot. Another case he cured by flagellation. He confesses himself, however, to have been deceived by a Russian hussar, who simulated a paralysis of the right foot *avec tant de science*, that he discharged him, when he got well immediately on returning home.

Sometimes the deceit is detected entirely by accident.² Probably the following plan is as good as any, where the paralysis is confined to one of the superior extremities—namely, to bind the sound arm to the side, and place the individual in an empty chamber, in which there is a shelf with bread and water on it, at such a height that he can only reach them by stretching his arm to the full extent. This will be a good means, at any rate, of making the impostor *give in*.

But in a case of paraplegia, an impostor who could easily have reached his food by standing on his legs, was found not to have touched it at the end of forty-eight hours.³

Marshall relates a case, where a man simulating paralysis of the arm allowed the amputating knife to be placed beneath it, and would have submitted to the operation. He was detected by being thrown into a river (being a good swimmer), where he was obliged to strike out with both arms to save his life.

Hennen knows of a case where an individual allowed himself to be all but drowned in a deep lake before he stretched out his paralytic arm to save himself by swimming—an exercise in which he was known to excel.³

Marshall very cleverly detected a pretended case of paralysis of the right leg, by desiring the individual to stand upon his left foot, and push forward his right leg. This, he asserted,

¹ Vide Cheyne, ut cit., p. 143. ² Marshall, Hints, etc., p. 124. ³ Mil. Surg., p. 470.

was beyond his power. He was then desired to stand upon the right, and push out the left, a motion which he performed instantly. He did not recollect that the force exerted in this experiment was chiefly by the quiescent extremity.

In forming a diagnosis between true and feigned paralysis, much assistance will be afforded by comparing, by means of a thermometer, the heat of the paralytic with that of the sound limb: since it has been shown by Mr. Earle, that paralytic limbs have their temperature much reduced, although there be no apparent diminution in their circulation: that *they are peculiarly liable to partake of the heat of surrounding media*, and that they cannot sustain without injury a degree of heat which would not be at all prejudicial to a healthy limb: and he concludes, from extensive observations, that paralytic members are invariably colder than the other parts of the body.

PTOSIS.

Sometimes paralysis of the eyelids, producing blindness, by preventing access of light to the eye, is simulated.¹ In this species of the affection, when the patient raises the lid, he generally sees double, and experiences vertigo on attempting to walk across the room. These cease as soon as the eyelid is allowed to drop, and are to be attributed to the misplacement of the eyeball, which generally attends this paralysis of the upper lid. The distribution of the third pair explains this. The simulation of this form of disease will in all cases be detected by the impostor ignorantly attempting to prevent the raising of the eyelid. When ptosis arises from other causes, (for the means of diagnosing which I must refer to Scarpa,²) it will be necessary for us to satisfy ourselves as to the disease of which it is the consequence. Our decision will then rest on that disease, not on its symptoms.

¹ Marshall, Hints, etc., p. 127,

² By Briggs, p. 127.

Some cases are cited, where paralysis of the superior palpebra is said to have been produced by voluntary section of the external branch of the ophthalmic.¹ M. Judas doubts this, and indeed it is not very evident how such a division of the frontal nerve could have caused a paralysis of the levator palpebræ superioris; since this nerve is subservient but to sensation; while the superior branch of the third pair, which is the motor nerve of the levator muscle, remains uninjured in such a division.

Experience has taught us that, in general, moral means are the most efficacious in inducing simulators of paralytic affections, as of other classes of disabilities, to abandon their schemes of fraud and return to their duty. Accordingly, the deprivation of hope, and an open door for safe retreat, are agents whose influence must not be neglected: it may be here observed, that in the elucidation of this class of disabilities, close and *unbiassed* observation is more called for than in any other, and that it is equally essential to this end as accurate symptomatology. This is particularly the case where paralysis co-exists with various nervous diseases, as hysteria, chorea, epilepsy, and hypochondriasis.

PARALYSIS AGITANS.

This disease is placed here in consequence of its connection with the previous article. It is always a suspicious circumstance when it occurs in a person in other respects in an ordinary state of health, when the excretions are natural, and when it cannot be connected directly or indirectly with certain diseased states, consequent upon which it might arise. It is easily simulated, and many young persons succeed very well in imitating it. Among mendicants it is a favourite disease, with them it is frequently conjoined with blindness. Pretenders of this affection generally trace it to infancy, and assign as its cause some convulsive affection. The tremblings are most apparent when they are observed, but

¹ Vide Grand Dict. des Sciences Méd. Baron Percy.

before a medical officer they are often wonderful. Simulators of this disease generally over-do their part, and where slightly increased muscular activity is demanded they increase their tremblings almost to convulsive movements, whereas, in the real shaking palsy the agitation is frequently diminished by calling the muscles into employment. The pretender never imitates correctly the peculiarity of gait, a symptom which is considered pathognomonic of the disease—he hesitates in his movements, and advances with difficulty. While the real sufferer, “when he attempts to walk is impelled unwillingly to adopt a running pace.” In the fully developed disease, the tremulous motions occur during sleep, and even in the early stage are never entirely absent. The bowels are remarkably torpid in this affection. When pretenders are placed under proper surveillance, they soon betray themselves before their comrades, but are most easily detected when a watch being kept, they believe themselves alone and unseen.

In suspicious cases, the cold affusion, electric shocks, moxas, and the actual cautery will often have an excellent effect in removing our doubts as well as the disease. In some cases the simple threat of having recourse to these means has been found sufficient. In a real case of paralysis agitans under Dr. Christison, I remember the greatest fear of the action of strychnine being produced by the use of that remedy. The impostor, if placed under the influence of this drug, will certainly be frightened out of his game.

CHRONIC RHEUMATISM.

Under the évasive term, Chronic Rheumatism, numerous instances of fraud are constantly occurring, and often successfully as to the result desired by the impostor. This form of disease is frequently feigned by members of benefit societies, &c., in order to enjoy rest, and the ease and comforts which the payments from their club will afford them. I have met with several such instances.

Dr. Cheyne says, that this is the disease most generally feigned by soldiers, and that it is of all affections the most difficult of detection. Coche, again, considers the diagnosis as very easy; but the fact of his not being able to make a simulator give in for upwards of ten months, would make me rather incline to agree with Dr. Cheyne than with him. The circular of the Army Medical Department, 22d January 1830, states that these affections are a fertile source of fraud; and so long as men are discharged in consequence of rheumatism, instances of imposition will frequently occur.

According to Marshall, many a soldier has been discharged, and even pensioned, in consequence of alleged chronic rheumatism, whose health was good, and who satisfactorily demonstrated that he had the complete use of his limbs almost immediately after he regained his liberty.

As in cases of simple pain, it is often difficult to discriminate these fictitious cases of rheumatism from the real disease,¹ owing to the difficulty of proving the non-existence of pain; and the fact that a considerable degree of it may be present without any well marked change in the external appearance, leaves the physician under the hard alternative of being unjust or cruel.

Rheumatism is very frequently counterfeited by recruits to accomplish their rejection; and by soldiers, more especially by those who have been twenty-one years in the service, and who are entitled to a pension when discharged.² These men commonly think that nothing more is required to gain their object than to affirm that they have pain in some part of the body, to put on the aspect of suffering, and affect decrepitude or loss of power in the limbs or joints. The back, loins, and hips, are the parts usually selected,—the knees, ankles, and superior extremities, less frequently. They generally seem to consider the constant use of a crutch, or a stick, and a ready submission to such remedies as blisters, issues, &c., as affording irresistible proofs of the reality of the affection. Recruiting dépôts

¹ Cyclop. Pract. Med., loc. cit.

² Marshall, on the Enlisting, &c., p. 127.

and general hospitals furnish numerous examples of this kind ; and the best directed management frequently fails to make them return to their duty as good soldiers. An evident determination, however, to retain them in hospital till their cure is effected, will frequently cause them to "give in," when remonstrances and treatment have been exhausted in vain. Fallot relates a case where success followed this resolution.¹

Chronic rheumatism is distinguished by some disorder of the digestive organs, impaired appetite, white tongue, a look of delicacy ; a degree of pyrexia in the evening, succeeded in the latter part of the night, or early in the morning, by perspirations ; some emaciation, wasting of the muscles or change of form of the affected limb ; fulness of the veins, and puffy enlargement of the affected joint. There is in general an increase of temperature of the affected part. These symptoms often occur after exposure to cold, after fever, acute rheumatism, or the use of mercury. They are much influenced by the state of the weather, and they yield, at least in part, to proper treatment.

Dr. Craigie states, that in chronic rheumatism, however slight the affection, the urine is never in a healthy state ; it is generally more scanty than natural, depositing a sediment on cooling, and sometimes the urate of ammonia, sometimes the ammoniaco-magnesian phosphate.²

Whereas those who feign this disease usually retain their appetite and looks ; they have no diurnal return of fever ; and have no inflammatory symptoms, such as vascular turgescence, swelling, or increased temperature. They give a glowing account of their sufferings, alleging that they have entirely lost the use of the part affected, which seldom happens in genuine rheumatism. There is for the most part no adequate cause assigned for the complaint ; no relief from remedial treatment is acknowledged ; and while, as Dr. Hennen observes, real

¹ Memorial de l'Expert, p. 215.

² Clinical Lectures, Royal Infirmary, 1834.

rheumatic affections are aggravated by damp weather, the impostor complains equally at all times.¹

“ On ne peut laisser aucun doute que son mal ne soit simulé, quand, par exemple, il se plaint toujours des mêmes douleurs, non-obstant les variations atmosphériques, et malgré l'usage des remèdes indiqués ; et quand la partie à laquelle il rapporte ses douleurs ne subit aucun amaigrissement.”²

But, notwithstanding these apparently distinguishing marks between real and simulated rheumatism, the most attentive and eminent medical officers have been deceived in their diagnosis *e. g.* the case of a negro soldier, who, four days after being discharged in consequence of disability, the result of the disease, pursued the avocation of a lamp-lighter.³ Foderé also mentions cases in which he was deceived.

The imposition is perhaps more frequently discovered by the inconsistencies and contradictions of the patient in the history of his complaint, than by diagnostic symptoms. Sometimes, however, the impostor is discovered playing at different games, or amusing himself by exercises which his sufferings, if they were real, would not admit of. Dr. Fallot succeeded in restoring a malingerer to his duty by a new remedial course. After a long and unsuccessful treatment, he adopted the mode of cure for gout, recommended by Cadet de Vaux, namely, causing his patient to swallow a large quantity of warm water. The man took the first dose with apparent resignation, but his courage failed him before it required to be repeated.

Tartar emetic having been introduced into the food of an impostor, and produced sickness and vomiting—alarmed him so much as to cause him forthwith to send for a priest, and speedily to return to his duty.

Accident has in this, like many other feigned diseases, led to detection, when every other means had been abandoned ; as in the case of a man jumping over a rope, on the offer of a reward,

¹ Vide also Cheyne lib. cit., p. 175 ; Sir George Ballingall, *Military Surgery*, p. 585.

² Kirckhoff, *Hygiène Militaire*, p. 23.

³ Marshall, *Hints, &c.*, p. 116.

when he pretended that a pain in his side was so severe as to cause great uneasiness on motion.¹

Until by careful examination and attentive observation we assured ourselves of the true state of the affection, we should not consider any man to be an impostor. Mr. Marshall relates a most instructive case of this kind. A disease, in this instance, was feigned and detected; rheumatism supervened in reality; and led by the effects of inflammation to ankylosis of the joint.²

The treatment applicable to chronic rheumatism will, if persevered in, sometimes remove the simulated disease;—local bleeding by cupping, blistering, issues, tartar emetic ointment, low diet, purgatives, emetics in the evening, antimonial diaphoretics, and *electricity*. These will sometimes fail, and it will be necessary to report the case to the commanding officer, whose treatment will sometimes effect a cure, when that of the surgeon has been unsuccessful. Mr. White, surgeon to the 84th, relates a case of this kind.³

There is one gratifying circumstance attending the management of cases of alleged rheumatism, viz., that military exercise seldom aggravates this complaint, and sometimes contributes to remove it.

If there is not an evident wasting of the limb said to be affected, I should not conceive it a sufficient cause for excusing from duty, or invaliding any class of military men.⁴

No man should be discharged until he has undergone a series of local applications, which will indelibly mark him as an unfit person to be again taken into the service.⁵

The *acute* form of the disease will seldom be feigned, at least never so as to deceive the attentive medical practitioner. Sir George Ballingall says it cannot be easily simulated.

¹ Marshall's Hints, p. 118.

² Dr. Cheyne, lib. cit., p. 176

³ Ballingall, Mil. Surg., p. 585.

⁴ On the Enlisting, &c., p. 128.

⁵ Hennen, Mil. Surg., p. 455.

LUMBAGO,

Says Coche, has in every time offered so little chance of success to simulators, that this resource is now almost entirely abandoned by them; still, he confesses, that some efforts of severity in medical investigations are required to make the vague pains, of which some individuals are generally found to complain, disappear: he says, the want of success of such individuals, the complete uselessness of their reclamations, do not discourage them, they only increase their obstinacy—an assertion which English experience fully confirms. Although Coche found the diagnosis so easy, he laboured under the same inability as the English surgeons in causing the impostors to return to their duty. I might bring forward the case of a simulator of this disease, who persisted in going as if bent double, for upwards of ten months, and who only then gave in, on seeing his physician prepared for the recommencement of a series of moxas.

Baron Percy mentions a case where a man succeeded in obtaining his discharge, after feigning lumbago for a year.¹ He was placed on his guard by discovering the imposition, and detected it in future, by suddenly pricking the man *par derrière*, with a long needle, while engaged in conversation. Great caution is necessary in the investigation of cases of pain in the loins, lest we mistake a real disease, psoas abscess, for example, for a feigned one.² A suspected case, which had for a long time resisted remedial measures, was detected by introducing a little tartar emetic into the man's food; he gave in from the idea of his being really ill.³

SCIATICA.

This disease, as well as all the other rheumatic pains, is very

¹ Annales d'Hygiène, vol. iv., p. 446.

² For further observations, see DISEASE OF THE LOINS FROM HURTS, &c., CONTRACTIONS AND RHEUMATISM.

³ Marshall's Hints, p. 117.

easily simulated, seeing that a military life in the field offers more than a sufficient pretext to soldiers to complain of it. When the pains are very intense, and at all permanent, they generally produce a very sensible change in the economy; an emaciation and change of the form of the limb; but oftentimes there is no sign by which to discover their presence, and the physician in determining as to the reality of the affection incurs the disagreeable alternative of being unjust to the service or cruel to the individual. Fielitz cured a feigned sciatica on the spot by applying a moxa.¹

DYSURIA

is not a disease which is frequently feigned by soldiers and seamen; more commonly they assume incontinence or stricture, under which two heads therefore will be placed the remarks to be made on this subject. It is, however, frequently assumed as a pretext, in conjunction with pretended nephritic attacks, gravel, and alterations of the urine, under which heads it will be found mentioned. As dysuria sometimes exists as a mere nervous affection, in connexion with hysteria, and sometimes arises from neuralgia of the bladder, we must be careful in such cases not to infer deception from the absence of other symptoms, indicative of the cause of which dysuria is a consequence.

ENURESIS.

An involuntary flow of urine is an indication of functional, if not of organic disease of the bladder; but as a want of the power of retaining the urine for a considerable time is a rare disability, and as the affection is *frequently feigned*, great care ought to be bestowed upon the investigation of every case which is proposed to be discharged on this account.² Monro observes, that incontinence of urine was a

¹ Vide Ballard's Note to Metzger, p. 464.

² Marshall on the Enlisting, etc., 2nd ed., p. 131.

complaint frequent among soldiers, and that it seemed to be counterfeited by many. All who had it said they had received some hurt or sprain of the back, or a kick from a horse.¹ Lind states that "this complaint is often feigned by seamen."²

At particular periods it is frequently simulated, and it is often difficult to determine whether the disease is real or feigned. During Napoleon's wars, the disease was extremely common among the French conscripts. Baron Percy says, that nothing is more frequent in regiments and in hospitals, than for men to say they are affected with this malady. He has seen in one dépôt, fifteen young men all affected with the pretended complaint at the same time. Foderé has likewise witnessed its occurrence almost in an epidemic form; and Dr. Cheyne notices a similar form of its appearance, in consequence of the facilities the soldiers found in imposing upon a surgeon unacquainted with military practice. It is certain that of 1000 young men, *one* will scarcely be found who is really affected with this disease. Fallot states, that in his extensive experience for twenty years, he has not found twenty cases in which the disease has been judged real.³

Sir George Ballingall has well remarked,⁴ that whenever numbers come to be affected in this way, the disease may almost with certainty be considered as feigned; as it can never prevail epidemically amongst men at that time of life, and with those habits and constitutions for which soldiers and seamen are selected.

Recruits sometimes simulate this affection so artlessly as to make the urine dribble from them during examination; but the simulator generally chooses the circumstances and place suitable to his purposes in allowing the urine to escape: if he sleeps with another person, he is more apt to wet his bed than when he sleeps alone: and if he is furnished with clean

¹ Observations on the Means of preserving the Health of Soldiers, 223. 1764.

² On Seamen, p. 172.

³ Op. cit., p. 281.

⁴ Op. cit., p. 584.

straw to lie upon he does not commonly wet it before the morning.

Incontinence of urine, when simulated, may be recognised by the want of the pale colour around the extremity of the urethra, as well as of the glans itself; by its want of siccidity; by the forced action of the abdominal muscles; by the momentary suspension of respiration; by the jet of urine which comes bounding at the moment that the efforts are made for its expulsion; by the want of mucus in, and the non-decomposition of the urine after a day or two: while in the real affection, there is much mucus in the urine, which soon loses its transparency, and exhales an ammoniacal odour.

Dr. Bancroft, in his *Essay on Yellow Fever*, (p. 15,) has well observed, that in most injuries of the spine, or diseases of the bladder, in which that viscus loses the power of contraction, it also loses its governing powers, and the urine is voided in a putrescent state, like that voided in severe cases of fever, from which fact a diagnosis between real and feigned enuresis may be drawn.

When incontinence of urine is real, the urine comes away guttatim, never in a stream; it seldom, at one time, amounts to more than a small quantity, since the diseased bladder cannot hold more; its discharge, especially when fluids are taken, is seldom protracted beyond one or at most two hours, the night makes no difference in this matter; the body as well as the clothes of the patient emit a strong ammoniacal odour; and the glans, the prepuce, the scrotum, and the internal parts of the thighs, are found excoriated.

The signs drawn from the ensemble of the physical appearances, and the more or less marked symptoms of a weak and decayed frame, furnish, along with other circumstances, facts always sufficient to discover the true cause of the infirmity, which is very rare except in old soldiers. The physical form and constitution of the individual, taken together, are considered

in the *Code de la Conscription*, (Note C.) as capable of giving sufficient grounds for the decision; and if the young man has in other respects a healthy and vigorous look, it is thought he may be sent to the army without any inconvenience.

Without an appreciable lesion of the urinary passages;—without a chronic pathological state of some part of this apparatus, occasioning an increase in the action of the agents of expulsion, or an enfeeblement, whether spontaneous or accidental, of those of retention; without some diminution in the capacity of the bladder, or its paralysis; a solution of continuity of the urethra, or the bladder; without one or other of these signs, incontinence of urine ought not to furnish a cause of exemption.

The ordinary mode of detecting the feigned disease is to exhibit a dose of laudanum, so as to induce sleep, and then to observe if the bed be wet before the patient wakes. If the clothes remain dry for four or six hours, we are brought to the natural conclusion that the suspected person is an impostor. Mr. Marshall seems to think that laudanum may so far diminish the irritability of the bladder as to retard an involuntary flow of the urine; and in corroboration, he states, that he has seen laudanum produce some degree of retention of urine in rheumatism. But Mr. Hutchison has no hesitation in giving it as his decided opinion that the individual is an impostor, without referring the cessation of the flow of urine to the influence of the medicine. In this opinion Dr. Cheyne agrees, as do also Isfordink and Kirckhoff; and Ryan seems to be of the same opinion.

Another way to detect the imposition is, to take the individual by surprise during the day, and to introduce the catheter; when it will be found that the urine has not drained off gutta-tim as it was secreted, but that the bladder does possess the power of retention.

In the *Cyclop. of Pract. Med.*, art. FEIGNED DISEASES, this is stated to be one of the most effectual modes of detecting

simulated incontinence : and Marshall boldly states, that if the bladder be capable of retaining a considerable quantity of urine, it may be inferred that the incontinence is feigned. These authors, however, seem entirely to forget, or hold for nothing, those cases where the bladder has lost its tone, and expels the urine imperfectly. Such a state may arise from a long-continued or inordinate distension, and is apt to occur in old age. In consequence of the bladder never being fully emptied, but the excess of urine merely being expelled, the water flows away gently, without exciting the patient's notice, or awakening him. To infer deception in such cases, from drawing off a considerable quantity of urine, would be most unjust and cruel, as, besides the consequences of the false conclusion, it would deprive the patient of all chance of cure.

If a soldier can discharge his urine in a full stream, and in the usual quantity, no doubt can be left as to the non-existence of the disease.¹

If we make an impostor pass his urine into a chamber pot, and order him to stop suddenly, he often forgets himself, and shows that he has power over the muscles of his bladder.²

A French surgeon treated a doubtful affection of this kind, by ordering the man to receive twenty stripes on the breech, with the avowed intention of strengthening the kidneys. One dose produced a cure.³

Deputy Inspector Comyns, when the affection was epidemic, cured the feigned disease in a short time, in a number of cases, by ordering a cold bath in the morning and evening.⁴ Fal-lot states, that he has cured hundreds of cases of pretended incontinence of urine, without having recourse to any disagreeable means. He carefully watches the man during the day, if he urinates voluntarily and in a stream, his imposture is demonstrated; at night he wakes him every hour or every half hour and makes him urinate; in a short time he ceases to be

¹ Hennen's Principles of Mil. Surg., p. 456. Kirckhoff, Hygiène Militaire, p. 22.

² Isfordink.

³ Percy and Laurent.

⁴ Cheyne, lib. et loc. cit.

troubled with his inconvenience. He recommends this procedure to take place in the barracks, as a degree of shame is there excited which seems to be lost in an hospital.

The following ingenious method was successfully used by an army surgeon, to detect and cure this fictitious infirmity. The surgeon having ascertained from the patient how long he could retain his urine, (of course a very short time,) caused him to undress and stand before him, with the abdomen exposed; upon observing the abdominal muscles called into action to aid in the expulsion of the urine, he suddenly and forcibly thrust his fingers against the belly, so as to prevent the voluntary muscular effort. This he repeated as often as he saw the action renewed, until the alleged period of expulsion was long past; he then dismissed the patient, with the remark, that he had retained his urine long enough to enable him to do his duty.

Foderé, by discharging two feigned cases of this disease, had for a time the affection epidemic at his hospital at Martigues; but by the following means it vanished in twenty four hours.

He ordered that the penis of every patient should be tied, and on the knot a seal placed, which none but the gendarme who guarded them should have power to break, at such times as they wished to urinate. He charged the guard to visit them from time to time, to observe whether the penis was distended, and also whether the urine was discharged guttatim. He did this from having observed that, in the real disease, the penis when tied becomes quickly distended, so as to render it necessary to remove the ligature in a short time, while it does not become so in the feigned.¹ It is obvious, however, that this observation, as a test, is one which cannot be dependéd upon.

The gendarme had only occasion to remove the ligatures at the ordinary times required to urinate.

In the French army, according to Coche, Percy, and Laurent,

¹ *Traité de Méd. Lég.*, vol. ii., p. 431. Ryan gives the same test, p. 293.

it was customary to compress the penis between two pieces of wood.

The alleged incontinence of urine occasionally disappears by making the man sleep on straw, instead of a comfortable bed, which he had wetted every night.²

The application of a moxa to the scrotum has been found useful, inasmuch as the impostors, very soon after, stated that they were cured.³

Such means as these, with other appropriate, but disagreeable remedies, as blisters to the perinæum, will almost always put an end to this alleged disability; even where we have not been able to demonstrate to the simulator himself that we have detected him. Whenever this is the case, there is never any difficulty in effecting a cure of any feigned disease.

Perhaps the best mode of treating this disease is to furnish the individual with an urinal, and to cause him to do his duty. This Marshall thinks the most efficient means of making a schemer announce his recovery. It is the practice adopted in the Austrian army; and I am glad to find Sir George Ballingall considers it as perhaps the most humane, and at the same time the most efficient means of checking an artificial complaint of this kind.⁴

INCONTINENCE OF THE FÆCES.

It is stated that among the most troublesome men are those who affect to have lost the use of the sphincters, and that they are insufferable in an hospital. When a patient alleges that he cannot retain the contents of his bowels, the sphincter ani ought to be examined; and if it contract upon the finger, opium with solid food must be prescribed, and a watch set over the individual. If he expel solid excrement in his

¹ Marshall, on the Enlisting, 2nd Ed. p. 122.

² Ibid.

³ Med. Surg., p. 584. Instances sometimes occur where men discharge the urine during sleep, probably the result of a bad habit acquired during childhood; these cases ought to be placed under a course of moral discipline.

bed, he will be a fit subject for a court-martial. Cheyne relates an amusing instance of the success of the actual cautery in such a case.¹ In this instance, the impostor (who likewise pretended paralysis of the lower extremities) kicked down one of the assistants, and declared he had been shamming, when the surgeon applied a red-hot spatula to his hip.

A case is related in the *Cyclop. Pract. Med.*, art. FEIGNED DISEASES, which was nearly proving successful, but which was cured by a severe punishment. The impostor, in this instance a boy, had been prompted to this simulation to be discharged from the service.

ISCHURIA.

Convicts are the most frequent simulators of this disease.² It is a disease which is seldom pretended in military life, though I have seen several instances of such a simulation in civil and hospital practice, chiefly among females. I remember a young woman in the Edinburgh Surgical Hospital, who pretended to labour under diminished power over the lower extremities, and suppression of urine. Unfortunately, she was one day observed by me, (when she supposed herself unseen,) to walk pretty firmly and without any support. This proved imposture in the one case, and increased our suspicions in the other. Mr. Syme having forbidden the urine to be any longer drawn off by the catheter, ere long it was evacuated in bed in copious quantity.

Dr. Blatchford states that voluntary retention of urine was a frequent disease among the female convicts at the New York State Prison, he relates two cases in which the frequent use of the catheter obviated all the ill effects that a voluntary retention might have induced, and also indicated when the complaints of pain and distress were groundless. By a reference to old registers he found, that this was a common complaint immediately after the initiation of every resident physician.³ Ischuria urethralis has been simulated by applying a ligature

¹ Lib. cit., p. 147. ² Copland, op. cit., p. 892.

³ Inaugural Dissertation on Feigned Diseases, pp. 71, 74.

around the penis, and thereby preventing the evacuation of the urine.¹ The absence of every probable cause of such retention as a stone in the bladder, enlargement of the prostate gland, or tumour in the perineal region, will lead the surgeon to suspect deception, and by coming upon the patient unawares and examining the penis, his suspicions as to the nature and cause of the affection will be removed or confirmed. The existence or absence of the usual pathological phenomena will generally be sufficient to show whether the disease is pretended or not, persistent or temporary. A watch set over the individual will complete the discovery.

LAMENESS.

This infirmity is *easily* simulated; but no inconsiderable degree of courage is required to brave the means usually adopted to relieve this disability, if real, or to exhaust the fortitude of an impostor. Some individuals, after slight accidents, falls, or bruises, real or pretended, complain of lameness, and some loss of power of the inferior extremities, and persist for years to assert their inability to perform any duty, notwithstanding no physical cause of inefficiency can be recognised.

Lameness is one of the most favourite resources of street beggars, and fraudulent members of benefit societies. It is very commonly feigned by recruits who have been approved in the country, and who afterwards wish to be found unfit for the service. In the British service, when a recruit is attested, he swears that he is not lame, and that he has no disability or disorder which impedes the free use of his limbs. Notwithstanding this precaution, it occasionally happens that, on joining a *dépôt* or regiment, his simple allegation of this disability obtains more credit than the oath he has taken, by which means he sometimes succeeds in obtaining his discharge. Marshall states, that a medical officer must sometimes exercise much discretion and caution before he either rejects or approves

¹ Inaugural Dissertation on Feigned Diseases, loc. cit.

of a recruit, who alleges that he is lame, provided there is no obvious cause of such an infirmity. In such cases disinterested evidence can scarcely be obtained.

Under the heads of **CHRONIC RHEUMATISM** and **PARALYSIS** I have already alluded to the lameness and alleged inefficiency which are attributed to these causes, and further remarks will be found in the articles, **CONTRACTIONS OF THE LIMBS** and **FRACTURES**.

In doubtful cases, a medical officer should ask himself the following questions. Is it probable that the cause assigned for the lameness could occasion genuine disease? Is the alleged disability a consequence of the ascribed cause?¹ By the careful investigation of these points, he will probably arrive at as definite a conclusion as the nature of the subject will admit of.

Simulators of lameness, as well as of other defects, are liable to give incongruous accounts of their feelings; for instance, they will assert that the pain or uneasiness of a blister is excruciating.

The difficulty of forming an accurate diagnosis in cases such as may come under this head, (which is not strictly correct, but which ought rather to be divided among the different diseases which produce it,) may be inferred from the following:—A street porter, after a fall, began to complain of pain stretching along the whole outside of the thigh. The pain was much aggravated by motion, so that he could not walk across the yard without a crutch. The most attentive examination, scrupulously and laboriously made, could discover nothing deviating from the ordinary structure and appearance; nor was there any general affection of the system. The patient was the object of suspicion. It was a severe winter—employment for porters was said to be scarce—the lodging and food of the infirmary were comfortable—and the aliment of a benefit society was accumulating in his favour. He readily submitted

¹ Marshall, *op. cit.*, 2nd ed., p. 130.

to the most violent counter-irritants, but without acknowledging any relief. The only remedy which relieved the pain being Perkins's metallic tractors (then in vogue) increased the suspicions previously entertained. He was dismissed from the hospital, with *simulation* affixed to his name on the records, and he was struck off from the roll of the friendly society. Two weeks after his dismissal, he died of apoplexy. The thigh was inspected. The cartilage covering the head of the femur was partially destroyed, and purulent matter, to the amount of two ounces, was found in the cavity of the joint.¹ This case occurred in the Infirmary of Edinburgh, about thirty years ago, and was under the care of Dr. Duncan, assisted by Dr. Bateman.

When any doubt exists, the patient ought to be carefully watched, and for this purpose he should be accommodated in a ward by himself, or with some trustworthy man, where he may be observed, without being aware that he is under surveillance. Fallot recommends, in cases of lameness reasonably supposed to be feigned, that some pieces of straw be set fire to at the corner of the bed, while the feigned sufferer sleeps, and that the cry of fire be raised; he says, he has never seen one have sufficient courage or presence of mind not to lose sight of the disability which affected him.²

The best means I know to obviate this defect, in cases where the disability is presumed to be purely feigned, is to recommend active exercise; and, when a patient professes his inability to move quickly, he is to be assisted by a fatigue party; two of which are to take hold of his hands, and move rapidly along the parade ground with him; this exercise is to be continued as long as the surgeon may deem proper. Few simulators have the fortitude requisite to endure this species of medical discipline for any great length of time.

¹ Glasgow Med. Jour., Aug. 1831. Lancet, N. S., vol. viii., p. 737. ² Op. cit., p. 263.

It is surprising how long a limb may remain in a constrained position, or an inactive state, without much diminution of the muscular power. Marshall relates several instances corroborative of this: thus, in one case, two years was the term of inactivity;¹ in another, one year;² and in a third, between two and three years.³

It is suggested that the sudden recovery of lost powers is not a positive proof of malingering.⁴ This is true, to a certain extent; but it will be found not so difficult to detect these cases as those of an opposite description. A man is struck with a stick or hammer about the hip-joint—he recovers from the external bruises, but continues lame, nothing that indicates injury can be discovered on examination; but remedies produce little or no effect, and the individual walks with a crutch. A case of this kind became the subject of a lawsuit in Glasgow some years ago. The injured thigh had sensibly diminished in size, but this was attributed by the witnesses, on one side, to the prosecutor not giving the limb its due share of motion. It is, however, well put, that if this was a case of feigned disease, the inactivity, being only for the public eye, would have been so trifling as not to cause the extenuation. The *probability* was, therefore, in favour of its reality.⁵

In the Austrian service, recruits under examination used to be obliged to walk upon wet clay, for the purpose of ascertaining, by the impression of the feet, whether both of the inferior extremities were equally efficient. The same means might be usefully employed to elucidate the nature of doubtful cases.

VOLUNTARY LIMPING,

Will be discovered by the deficiency of the characteristic symptoms of this complaint; accurate examination will, neither in the length of the two lower extremities, nor in the form of

¹ Marshall, Hints, p. 124. ² p. 125. ³ p. 126. ⁴ Boston M. and S. Jour., v. viii., p. 284.

⁵ Lancet, N. S., vol. viii., p. 740; from the Glasgow Med. and Surg. Journal.

the back, distinguish any difference. The state of the bones and their extremities, of the articulation, the existence of cicatrices, the position of the foot, the direction of the knee joint, the difference in the erect posture, will loudly declare the reality or the simulation of the disease.

After low diet, and extreme counter-irritation, from a simple blister up to the moxa, Isfordink failed in detecting or proving deceit; yet he succeeded in two cases in making the pretender forget his part, by giving him a strong drastic purge before bed time. He only concealed in the passage through which the pretender was obliged to go, a trusty man to watch him; although the pretender, the first time, limped through the silent, empty passages of the hospital to the privy, yet the second and third time, from his urgency, he forgot his part, believing that no one observed him in the dead of night; but the man that was concealed held the impostor fast. It may sometimes be useful to suggest in the patient's hearing, that if no amendment should speedily take place, it may be necessary to use the actual cautery; as it has occasionally happened that the *prospect* of such remedies has induced recoveries.

DISEASE OF THE LOINS FROM HURTS, FALLS, SPRAINS, &c.

This is no uncommon source of complaint and imposture among men employed in the navy and the dockyards, and it is very difficult to detect.¹

Hutchinson relates a remarkable case of this kind, (p. 171,) where a man pretended to be bent double, so that when he was laid on his back, his legs and thighs were standing up, and when they were pressed down his body started up, and he appeared in a sitting posture. He also mentions (p. 174) the case of a man, who so successfully simulated this disease, that he was invalided. An instance is mentioned in the *Cyclop.*

¹ See Hutchinson's Pract. Observ. on Surgery.

of *Pract. Med.*, of a man who was treated for many months as a real sufferer; who, by another surgeon, was closely watched as a malingerer, but without success; and who, finally, like the blind man already spoken of, betrayed himself through the violence of his passions.

Sir George Ballingall, (p. 576,) mentions the case of a man, who, for *eighteen months*, pretended to be unable to walk upright, and asserted his state to be the consequence of an alleged injury of his spine; and who persisted in bending his body forward night and day, so that his fingers reached within a few inches from the ground. Since the length of time men will sometimes endure the most irksome position, with the hope of discharge, is no less surprising than remarkable, and as this is one of those disabilities of which the patient's own testimony is the only proof, the surgeon ought never to recommend a man for discharge from the army, until he has received other confirmatory evidence of the existence and disqualifying nature of the affection; and it will be necessary for him to consider how far the injury received, supposing it to be real, is capable of producing the change in the conformation of the spine; and whether any organic disease has been set up in the part, such as caries of the spine, or the formation of an abscess; also whether the bent position of the patient be merely assumed or otherwise.

When injury is inflicted on the loins to such a degree as to cause the formation of an abscess, or lesion of the spinal column or cord, there will be more or less ecchymosis, retention of urine, paralysis of the inferior extremities, or other evident marks of its infliction. Where none of these are present, and the back is bent to such a degree as to bring the thighs to a right angle with the body, a position which is maintained while in bed, and lying on the side without much difficulty; the man should be taken out of bed and placed on the floor with his head and feet resting on the ground and his back elevated: and since this curvature of the body results from voluntary muscular

action, the spine will be straightened as soon as the muscular power has become exhausted.

Close observation, watching, and a variety of concurring circumstances, can alone lead to a just conclusion, and detection in such cases. Some of the means related in the articles **DEFORMITIES** and **CONTRACTION**, have proved successful in such cases, and may again be resorted to.

CHRONIC HEPATITIS.

Affections of the liver are very frequently said to exist where they do not;¹ and as the real disease is often not characterised by well-marked symptoms, the fraud is difficult of detection.²

Perhaps, however, the false or erroneous statements of patients, with regard to this affection, are not equalled by the acknowledgments, by medical men, of the existence of chronic liver disease when no organic affection of that viscus exists. Johnson, long ago, expressed his opinion, that not one in ten suspected to have chronic liver diseases, really had any organic affection; and Dr. Knox's dissections, at Hulsea Barracks, afforded ample confirmation of the statement. From them it resulted, that of from forty to sixty bodies of persons supposed to be labouring under hepatitis or hepatic dysentery, only two presented traces of organic disease of the liver.

Persons who simulate infirmities of this class often eventually succeed in their object of dismissal from the service, chiefly from the mistakes of the surgeon. Such subjects, Dr. Cheyne says, have often come under his care, with their flesh and strength reduced by repeated courses of mercury, their gums absorbed, and their teeth shaking in their sockets, whose livers were sound (probably they never were otherwise), but whose broken health required that they should be invalided without delay.³

¹ Hennen, *Mil. Surg.*; e. g. Marshall's *Hints*, &c., p. 114.

² Marshall, *Ed. Med. and Surg. Jour.*, vol. xxvi.; also, Circular, Army Medical Department, 22nd January, 1830. "As the diagnosis of organic diseases of the liver is frequently very difficult, the utmost caution should be exercised before a man is discharged on this account."

³ *Op. et loc. cit.*

It is not an uncommon practice with officers in the navy on foreign stations, who are desirous of returning to England, to feign some disease, in order to be invalided to a more temperate climate. In the West Indies, in particular, this practice was formerly of frequent occurrence; and it is a curious fact, that the disease most frequently and most successfully assumed was the one now under consideration, and which is by no means very common among the sailors in that country.

The causes why they prefer assuming hepatitis are, no doubt, the supposed facility of imposing the belief of its existence on a superficial observer, and the generally received opinion of the tendency of all tropical climates to generate it.¹

The symptoms of morbid action in the chronic form of hepatitis are of so obscure a character, the indications afforded of the organic changes which have taken place in the structure of the liver are so uncertain and unsatisfactory, that the opinion of the surgeon will be principally based upon the effects which have been produced by the disease on the general health and appearance of the patient. Pain of the side, which is generally the theme of greatest complaint with the impostor, is by no means invariably present in the real disease, but is rather felt in the epigastrium and at the top of the right shoulder; frequently a hard, defined humour is felt in the right side, extending downwards below the margin of the ribs, and when the patient lies on his left side, a dragging pain is felt on the right side of the thorax, which symptom is strongly confirmative of the presence of the disease. Sometimes the slightest pressure of the hand on this part cannot be borne without causing severe pain; and when there is any suspicion that this tenderness is merely feigned, an opiate may be given to the patient, and while under its influence pressure may be made on the part, when, should he not seem to be affected, there is strong presumption of imposture. A loss of mental energy is a valuable

¹ Cyclop. Pract. Med., vol. et loc. cit.

symptom of the existence of this disease;¹ for although cough, nausea, and altered secretions may be fraudently assumed or produced, it is scarcely possible to simulate with success the languor, apathy, and extreme listlessness which are so universally present in the chronic form of this disease; moreover the malingerer is unable to present the languid, sickly eye, or to feign effectually the voice of genuine indisposition, however well he may be able to imitate the other symptoms of disease.

Sometimes the disease is merely simulated, but at other times, their sufferings from a disease with which they are really afflicted are exaggerated. If any doubt of the reality of the affection exist, the person should be undressed, and carefully examined by percussion and the stethoscope. The absence of enlargement in the region of the liver, the complexion and appearance of the surface and limbs, and the state of the pulse and respiration, are the circumstances which should chiefly be considered. It ought not, however, to be overlooked, that most serious disease of the liver may exist without enlargement; and this viscus may be considerably enlarged, and even rise up into the right side of the thorax, without being felt below the ribs. Hence the propriety of having recourse to percussion and auscultation in the investigation, especially when other proofs of the disease are wanting.²

A majority of Europeans who have spent ten or twelve years in India, labour under this disease,³ which is aggravated by atmospheric changes, and then they are generally candidates for the hospital; their names are never long absent from the sick list—in which case, they ought to be reported unfit for service.⁴ On the other hand, when men who have not been in warm climates, obstinately complain of pain in the right hypo-

¹ Vide Johnson and Martin on the Influence of Tropical Climates on European Constitutions, sixth ed., p. 288.

² Copland.

³ In Madras, the proportion of those who are annually attacked with liver disease is, one in nine nearly; in Bengal, one in fifteen and a half; in Bombay, one in sixteen and a half.

⁴ Dr. Cheyne, lib. et loc. cit.

chondrium, and when we cannot discover any enlargement or fulness of the liver, when the pulse and breathing are undisturbed, the secretions and excretions natural; and when the alleged pain resists topical bleeding, blistering, and mercurial purgatives, the sooner they are sent to their duty the better.¹

The diagnosis should chiefly depend upon the general indications of health or disease. Men who have been long in the East or West Indies, can commonly enumerate the local symptoms of an affection of the liver with considerable accuracy; some on account of having suffered from the disease, and others from having heard their comrades describe it; and frequently tell a tolerably consistent story. Unless, however, the uneasy sensations of the right side, which is the common complaint, be corroborated by well marked *general symptoms* of impaired health, it can scarcely be inferred that the liver is much diseased, or that the man should be recommended to be discharged. One recruit was so unfortunate as to refer his pain in the liver to the left side, and was cured by the *mistura diabolica* regularly exhibited.²

Marshall has seen a great number of persons who had lain for months in bed on account of alleged liver disease, but whose healthy countenances and plump frames proved conclusively that the functions of the liver were not greatly impaired.³

The observations of Andral, in his *Clinique Medicale*, with regard to the occurrence of neuralgic affections of the liver commonly seen in hysterical subjects, show the necessity of considerable caution, and of not inferring deception because the usual symptoms of hepatic affections are absent.⁴ Neither fever, nor tumefaction, a bilious state of the urine, foulness of

² Dr Cheyne, *ut cit.*

¹ Marshall's Hints, p. 114. The *mistura diabolica* consists of Glauber's salts, infusion of tobacco, asafœtida, &c., given in small quantities, but so frequently repeated as to keep the taste in the mouth.

³ On the Enlisting, &c., p. 117.

⁴ *Maladies de l'Abdomen*, t. ii., p. 26.

the tongue, thirst, nor a change of the alvine evacuations, may be present in these cases, and yet the most intense pain, subject to violent exacerbations, may be present. The diagnosis of this disease is to be drawn from the pain, which is greater than that of inflammation, combined with the absence of the other indications of structural disease of the liver. The recognition of this form of disease, which is imperfectly acknowledged in Great Britain, is a source of difficulty in forming our differential diagnosis; but when we bear in mind the class of patients chiefly liable to this affection, nervous, irritable, or hysterical females, and those in whom neuralgia of other organs has manifested itself the difficulty will be considerably lessened. The effect of remedies proper to such an affection will materially assist us, as generous diet and iron have been found most serviceable.

In doubtful cases of alleged organic disease of the chest or abdomen, the person to be examined should be undressed, as he is then unable to conceal whatever evidence of health may be supplied by a plump frame and muscular limbs. An opportunity is also thus afforded of properly exploring the cavity in which the disease is alleged to have its site.

In a case by Marshall, an officer deceived the London Board by the simulation of this disease. He could at pleasure expel the contents of his stomach, and assume a fulness in the right hypochondrium.¹

As a means of overcoming the imposture, we should remove the individual to a solitary ward, under the pretence that the air or noise of the ordinary one would prove prejudicial to his recovery; and then place him on low diet, cup and blister him, and administer small doses of tartrate antimony alternately with some nauseous medicine, such as the *mistura diabolica*, which is an excellent form. This treatment will in most cases cause the malingerer to return to his duty.

Where testimony is doubtful, and physical evidence not sa-

¹ Ed. Med. and Surg. Jour., vol. xxvi., loc. cit.

tisfactory, a medical officer cannot use too much care to ascertain the real state of the patient; and until he has completely made up his mind upon the case, very simple remedies should be employed: a malingerer should never be put under a course of mercury.¹ Mr. Martin believes mercury injurious in chronic liver diseases.

The remark of Dr. Cheyne in the first part of this section is powerfully corroborative of this opinion.

It may be stated, with regard to the class of diseases characterised by pyrexia, that it is not fertile in resources to the impostor, and that, in general, it does not offer much embarrassment to the physician in deciding upon the real character of the simulated affection. “*Difficilius aut non adeo diu, nonnulli affectus simulari solent, scilicet, quorum, certe est extantiora sunt signa, imprimis febrem de necessitate combinatam gerunt; ita nec his medicum, nec quemquam sanioris judicio, hominem, falli posse, probabile sit.*”—*Bohnius*.

“*Quosdam autem morbos nemo simulare ita valet, ut non facile ab omnibus fraus ista sentiatur; medico vero accidenti statim in oculos incidat, spectant hæ omnes febres, et illi morbi qui febrem tanquam essentielle symptoma conjunctam habent. Effectus enim febrium, ex quibus collective sumtis actuatis carum præstantia dignoscitur nemo exacte simulare valet.*”—*Waldtschmeidt*.

ACUTE HEPATITIS.

This affection is occasionally feigned for the purpose of obtaining a sick certificate, and in addition, the individuals sometimes take advantage of some of the means mentioned in the article, FEVER, where will be found the mode of detecting the accessory imposition. The patient often submits to the treatment that would be necessary in such an affection. The medical officer, however, may avoid giving a certificate, by stating

¹ Dr. Cheyne, lib. cit., p. 173; also Marshall, Hints, &c., p. 115.

that the individual would be unable to bear the fatigue of travelling; and when the pain is considerably diminished, it may be stated that a change of climate will not be required for the recovery of his health.

Much more frequently, however, the disease is simulated in the chronic stage.

INTERMITTENT FEVER.

To evade duty, or to obtain removal to a more desirable climate, this disease is occasionally pretended; and the fraud is not always confined to the non-commissioned officers and soldiers of a corps.

Martial, the epigrammatist, stigmatizes the physicians of Rome for not discovering a pretended endemic remittent, (*hemitritæus*.) in the case of one *Tongilius*, who laboured under the love of eating and drinking:—

Uri Tongilius mali dicitur hemitritas,
Novi hominis mores, esurit atque sitit.
* * * *
Omnes Tongilium medici jussere lavari,
O stulti, febrem creditis esse ! gula est.

In the history and symptoms of an intermittent, some old soldiers are profoundly versed, skilfully imitating its rigors, but in general overacting their parts; increasing their efforts to deceive, as the suspicions of the surgeons seem to be awakened.¹ The impostors commonly state that the paroxysm supervenes during the night, and the symptoms intermit as the morning approaches.² Now this variety of fever rarely comes on after eight o'clock P. M.

One measure, which has been found remarkably successful, is the medical officer, in all suspicious cases, desiring that, on the approach of a paroxysm, he should be called, at whatever hour of the night that may happen.

¹ Sir Geo. Ballingall, *Mil. Surg.*, p. 577.; see also, Hennen, *Mil. Surg.*, p. 454.

² Marshall, *Hints, &c.*, p. 110.

When a paroxysm of intermittent fever is simulated, it will be found in most cases, as in one related by Dr. Cheyne, on throwing down the blankets, that the patient is sweating from the exertion he has been making to simulate the rigor.

I remember a case coming under my charge while Clinical Clerk in the Royal Infirmary of Edinburgh, where an old sailor simulated a rigor of this kind *a merveille*. The absence of those symptoms which usually follow the shivering stage, ought to be deemed sufficient to place this simulation in its true and proper light.

FEVER.

This disease is frequently feigned, and also, in some degree, artificially produced.¹ It is often assumed when a disease is suddenly necessary to avoid military requisition, or the performance of work in prisons.

Foderé knows, by his own observations, that some persons are well aware of a secret mode of simulating fever, provided always, that they are aware of the hour at which the physician will visit them. He has often seen simulators produce an extraordinary frequency of pulse, accompanied with chattering of the teeth, and profound sighs.²

The sanguinary pirate, Loto, who was lately executed at Gibraltar, very nearly succeeded in deceiving his medical attendant, by simulating fever, colouring his tongue brown, &c.

The febrile paroxysm consequent on intoxication has sometimes been the means of cloaking the offence, and of screening the offender from punishment, while it has subsequently become the source of much mirth at the expense of the surgeon who has been deceived by it.³ Indeed Hennen states, that profligates have, to his own certain knowledge, boasted that they had received indulgences from medical officers, in consequence of a supposed febrile attack, by presenting themselves

¹ Marshall, Hutchison, Hennen, Ballingall, and Foderé.

² Sir G. Ballingall, *Mil. Surg.*, p. 577.

³ *Traité de Méd. Lég.*, vol. i., p. 153.

after a night's debauch, which they had purposely protracted to aid the deception.¹

It was found to be a common practice among the prisoners at Stapleton, near Bristol, to feign this disease, in order to procure admission into the hospital.²

Of all feigned or excited, yet simulated cases of fever, it may be remarked, that they are ephemeral; and it is only an ephemeral fever that can be feigned with any prospect of success.

“Certum est, eos morbos qui de necessitatem febrem adjunctam habent, neque facile neque longo tempore posse simulari, cum et ipso febris per se simulari facile non possit. Quamquam enim febris per quædam medicamenta exciteur, tamen aut non pertransit spatium viginti quatuor horarum; aut malo ejus, qui eam sibi fraudulenter conciliavit, ex ficta vera efficitur præter simulantis voluntatem.”—*Zacchias*.

Hence, a day or two's examination develops the deceit; as a frequent repetition of the means employed is too hazardous, and real disease might then be the consequence.

Fever, or rather febrile symptoms, may be induced by the use of various stimulants³—as wine,⁴ brandy, cantharides,⁵ &c. Tobacco, whether taken internally or introduced into the anus, quickens the pulse, and produces an appearance of general indisposition.⁶ Hutchison has found, by this drug (in a simulated case), the pulse small and rapid, accompanied by considerable emesis.⁷ I have been informed by Dr. Thompson, R. N., that he has seen this drug frequently made use of to simulate a paroxysm of fever.

Foderé states that he has observed a feverish state of the system induced by violent exercise,⁸ which the authors of the

¹ Military Surgery, p. 454.

² Hutchison's Surgical Observations.

³ Brendelius, *Medicina Legalis, sive Forensis*, p. 143.

⁴ Hutchison, *Surg. Observ.* Hennen, *Mil. Surg.* Ballingall, *Mil. Surg.*

⁵ Beck's *Med. Jurisprudence*, p. 4, ed. 1836. *Zacchias*, *Quæst. Med. Leg.* Copland, *Dict. of Pract. Med.*

⁶ Marshall, on the Enlisting, &c. Hutchison's *Surg. Observ.* Vidocq, *Memoires*,

⁷ See also, Dr. Christison on Poisons, &c.

⁸ *Traité de Méd. Lég.*, vol. ii.

Cyclop. of Pract. Med. have also seen used for the purpose of carrying on this fraud. A paroxysm of fever is said to be excited by the introduction of a clove of garlic into the rectum;¹ and Zacchias says that the seed of henbane, when drank, excites fever, “but it also excites the mind, and renders men frenzied.”² Acrid kinds of food, and drugged spirits of wine, also produce this effect.

In the section on DISORDERED CIRCULATION, various means are noticed, which have been used to disorder the circulation, or the action of the heart and arteries, most of which are equally applicable to the production of the disease under consideration.

The tongue, in order to imitate the appearance it presents in fever, has been covered with chalk,³ pipeclay,⁴ tobacco,⁵ brick-dust,⁶ soap,⁷ flour,⁸ whiting from the walls,⁹ &c. The apparent bilious tinge of a coated tongue may be caused by chewing a little gingerbread.—It is always easy to detect this circumstance, by causing the patient to wash his mouth well with tepid water. The urine is rendered of a pale colour by dilution with water, or, of a highly ammoniacal odour, by long retention.

Emetics have been taken with the view of bringing on

¹ Dioscorides, Horace.—Foderé, *Traité de Méd. Lég.*, vol. ii.—Laurent, *Dict. des Sciences Med.*, art. Simulation, t. li. Zacchias, *Quæst. Med. Leg.*

² Est autem alter cum Hyoscyami genus, de quo Ruell, de *Nat. Stirp.*, lib. 3, cap. 107, et Matthiol, in *quartum*, Dioscorid., cap. 64.—Scribit Cardan. de *Variet.*, et refertur a Wecher, lib. v. *Secret.*, cap. 4, nec non id ipsum recenset Sylvaticus, *Lib. de his qui Morb. Simul.*, cap. 14. Accendi febrem, si cornuti scarabæi in oleo decoquantur, et ex eo oleo pulsus inungantur.—Cætera enim majorem habent suspicionem, qua etiam non caret vinum, in quo mandragoræ radices efferbuerint, ut testatur Fortun. *Fidel.*, lib. 2, de *Relat. Med.*, cap. 2.

³ Marshall, *Ed. Med. and Surg. Jour.* loc. cit. *Cyclop. Pract. Med.*, art. Feigned Diseases.—Beck, *Medical Jurisprudence*, p. 5.

⁴ Copland, *Dict. of Pract. Med.*, art. Feigned Dis. *Cyclop. of Pract. Med.*, loc. cit. Beck, *Medical Jurisprudence*, p. 5.

⁵ Hutchison's *Surg. Observ.* *Cyclop. Pract. Med.*, loc. cit.

⁶ Copland, *Dict. Pract. Med.*, loc. cit. *Cyclop. Pract. Med.*, loc. cit. Beck, *Medical Jurisprudence*, p. 5.

⁷ Hennen, *Mil. Surg.* Ballingall, *Mil. Surg.* Hutchison, *Surg. Observ.* Foderé, *Traité de Méd. Lég.*, vol. ii. Cheyne, lib. cit.

⁸ Marshall, on the Enlisting, &c. Beck's *Med. Jurisprudence*, p. 5.

⁹ Cheyne, lib. cit.

general indisposition, and of giving to the face a sickly aspect.¹ The paleness and cadaverous aspect incidental to some stages of fever, and to protracted disease in general, has been induced smoking, or drinking an infusion of cummin seeds. That cummin seeds possess this property is a very ancient opinion, thus "*Rugosum piper, et pallentis grana cumini.*"² Dioscorides maintained that it made those persons pale who drank it or washed themselves with it.³ So also Matthios, Ruell,⁴ and Pliny say, that it was reported that the disciples of Portius Latro, a famous master of the art of speaking, used it to imitate that paleness which he had contracted by his studies. Thus too Horace:—

"Proh ! si

Pallerem casu, biberent ex sanguine cuminum.

EPIST. 19, lib i., c. 12.

The face has been exposed to the fumes of sulphur for a similar purpose;⁵ and Plenck states that paleness of the face is induced by the smoke of the cyprian powder, with a small portion of tutty and carbon mixed with it.⁶ Beck and Fallot state that digitalis has been used to cause paleness of the skin.⁷ Scrubbing the skin with a hard brush gives a flush difficult to distinguish from the colour caused by fever, and it is only detected by waiting patiently by the bedside till it subsides.⁸ The general state of the system does not correspond with the appearance.⁹ The effect of all these substances, however, is temporary, and will of course cease when the cause is withdrawn. Therefore the suspected individual should in all cases be watched, and prevented from using the means again. "*Consideranda tamen in hoc casu reliqua accidentia ; nam fieri*

¹ Beck, Med. Jurisprud., p. 11.—Foderé, *Traité de Méd. Lég.*, vol. ii: Fallot *Mem. de l'Expert*, &c., p. 284. ² Pers. Sat. ³ Lib. 3, cap. 60.

⁴ De Nat. Stirp., lib. 3, cap. 44.

⁵ Beck, Med. Jurisprud., p. 11. *Color faciei adulteretur facillime plerisque suffitibus, præcipue ex sulphure.*—Zacchias, *Quæst. Med. Lég.*

⁶ *Elementa Med. et Chir. For.*, p. 112.

⁷ Beck, Med. Jurisprud., p. 11.—Fallot, *Mem. de l'Expert*, p. 284.

⁸ Dunlop, in Beck's *Med. Jurisprud.*

⁹ Orfila, *Léçons de Méd. Lég.*, vol. 1., p. 422.

nequaquam potest tantum pallorem non habere cum si aliquod magnum accidens, ut extremam debilitatem, hypothyriam syncope, vomitum virulentum, ac molestum, aut aliam quamdam urgentem evacuationem, vigilias continuas, dolores acerbissimos, et his similia, quæ si non appareant, procurati pallori suspicionem facient.”¹ Dr. Hennen’s remarks on this point are deserving of particular attention.—“Neither,” says he, “the quickness of the pulse nor the heat of the skin are infallible indications of fever, and therefore it is that the state of the tongue, stomach, and stools, should be particularly attended to.”²

DYSPNŒA

will never be assumed by itself, for the purpose of the simulator, more especially the soldier or sailor, would not thereby be attained; but in conjunction with other affections, and as a symptom of their existence, it is frequently pretended. The kinds of dyspnœa, and the other morbid states of the respiratory process, are so numerous, that it would be very difficult in a limited space to point out the differences between assumed difficulty of respiration and the true morbid state. Under the cause of which it is the consequence, if it be of sufficient differential diagnostic import, the true and false state will be considered. With regard to the ease with which the individual breathes, that will be best determined by observing him while asleep; and the quantity of air which he can inspire or expire, may easily be determined by making him breathe into and from an empty and full bladder; or by measuring the quantity of water which he can raise in a glass tube by full inspiration.

PNEUMONIA.

I have only met with one instance of feigned pneumonia. It occurred in a young woman, in the British Penitent Female Refuge, who was affected with syphilis. She conceived that

¹ Zacchias, Quæst. Med. Leg., lib. 2, tit. 1, Quæst. 6.

² Hennen, Princip. Mil. Surg., p. 198. Am. ed.

bleeding would bring about her cure, and having seen another female bled for pneumonia, she selected this affection as the one most likely to gain for her the end proposed. She became affected with pain of a severe character, which she described as heavy and dull. The breathing was increased in frequency, and catching; she had inability to lie on the *unaffected* side, headach, thirst, &c. I did not believe that any inflammatory action was going on, because the pulse was natural, the tongue moist, the skin cool, &c.; and especially because no indication was afforded by the most minute stethoscopic examination. The effects of a full inspiration and expiration would materially assist in clearing up our doubts concerning the real nature of such pretended pulmonary affections. Simulators being aware that pain is produced or increased by a full inspiration in the real disease, invariably take advantage of their knowledge; but they are not aware that a full expiration will not only occasion cough but other effects, which vary according to the nature of the pulmonary disease, when a deep inspiration would produce neither cough nor any other inconvenience. It may be laid down as a rule, that impostors will invariably complain more of the effects of a full inspiration than of a complete expiration; the reverse of which ought to be the truth.

GASTRIC AFFECTIONS.

Gastric affections, especially, *gastralgia* and attacks of vomiting, are sometimes simulated; the former is detected with great difficulty, and principally from collateral circumstances. The chief symptom which is assumed in the simulation of these affections, and which most requires notice is

EMESIS.

It is not rare for individuals to simulate this affection.¹ Some persons possess the power of expelling the contents of the stomach by means of pressure upon the præcordia, of which Hutchison relates an example.² He says, that in the

¹ Orfila, Leçons de Méd. Lég. vol. i, p. 417; Percy and Laurent. ² Pract. Ob., p 170.

course of his practice and in conversation with other medical men, he has been thoroughly convinced of the power of exciting vomiting at will by pressure on the region of the præcordia. Others by swallowing air and then eructating;¹ and some have a voluntary power of exciting vomiting whenever they wish it;² but whether this power be given them by nature, or acquired by habit, they do not fail to ascribe it to a morbid cause. Copland mentions a case, where it was induced at will by the action of the abdominal muscles with the aid of irritating the fauces; and Dr. Thomson, in his *Pathological Lectures*, 1836, mentioned similar cases. I have also been informed by Dr. Mortimer of a case of chronic vomiting, which occurred from half an hour to an hour after taking food, and which was persisted in for six months. Notwithstanding the most vigilant and prolonged watching continued at all times, and when the impostor was not aware of the surveillance under which he was placed, he could not be detected, and was finally discharged. This man must have possessed the voluntary power of discharging the contents of his stomach.

In these cases the state of the appetite and the appearance of the evacuations should be examined; for, unless where tobacco has been taken to disorder the stomach, the former is but little impaired. When produced by swallowing air, part of the contents of the stomach is brought up with the returned air, This is accomplished with great ease after a meal; hence, the food being vomited in an *undigested* form is always a cause of suspicion. Dr. Cheyne particularly advises that such a case should be watched, to avoid mistakes.

When vomiting takes place at stated periods, the party should be watched, the ejecta from the stomach ought also to be carefully inspected. If in these there is no mixture of bile or mucus, if no tumour can be felt in the abdomen, if the patient continues to eat his food, and although pale does not become emaciated, the case may well inspire doubts of its reality in the

¹ e. g. Cheyne, *lib. cit.* p. 167.

² Beck, *Med. Jurisprud.*, p. 12.

mind of the surgeon. The presence or absence of the symptoms which characterise disease of the stomach, ought also to be taken into account. We ought also carefully to investigate as to the presence of any symptom which would lead us to infer that the vomiting might be dependent upon sympathetic irritation arising from disease of some other and remote organ. Orfila states, that simulators sometimes to this affection add difficult deglutition.

In the diagnosis of suspected vomiting, we must inquire as to the existence of the symptoms which commonly precede it; such as loathing, sickness, pain of the forehead, vertigo. Whether the phenomena, which preceded the vomiting are increased after it; whether, instead of relief, eructation, hiccup, spasms, or distress follow it; whether the vomiting is painful—indicating inflammation of the abdominal or thoracic organs, affections of the œsophagus, &c., pulmonary tubercles; difficult,—indicating obstruction, want of due contraction, &c., or idiosyncrasy; or easy—as in gastrodynia, softening of the stomach, &c.

The duration of the vomiting gives important hints with respect to diagnosis. Thus chronic vomiting is a sign of organic change of the intestinal canal, or of a neighbouring organ, or of nervous disturbance, or softening, or attenuation of the stomach.

We must inquire whether the patient vomits all that he has eaten indiscriminately, after a longer or shorter time, or only certain substances; and whether he bears only a small portion of food. This is an important aid to all means of diagnosis. If the stomach does not bear irritating substances—as wine, bitters, or tonics—we ought to have the symptoms of irritation or inflammation; if, on the contrary, it can tolerate these remedies, the symptoms of a nervous affection of the stomach ought to present themselves. If we have chronic vomiting of all solid substances; the symptoms of narrowing of the pylorus, or of gastrodynia, should accompany it. But in such a simulation, the impostor will err in returning all

kinds of food; whereas some one kind of food, of a bland nature, as mucilages, or milk, is better borne than other kinds.

The distance of time which elapses between the meal and the occurrence of vomiting, is, in some measure, indicative of the situation of the affection. We ought, therefore, to compare this fact with the symptoms complained of; and whether they correspond with the lesion of the intestinal tube they indicate. The material, colour, quantity, smell, and taste of the products of vomiting ought also to be inquired into.

It will be rare, when all these circumstances have been duly estimated, and the appearance of the individual has been compared with that which is usually presented by persons really affected with the disease indicated by such symptoms, that our diagnosis will be materially wrong.

Generally, the simulation of this disease offers no chance of success, except to those who have been reduced by regimen to a state of emaciation and pallor, such as accompanies persons who are subject to real disease of the stomach. I say generally, because it is not quite so easy to form a diagnosis of these affections as might be anticipated. Thus Cheyne, equally distinguished for his observation as his candour, relates at length two cases, by way of contrast, the one of which he unwittingly believed, the other unjustly suspected.

Fallot states, that an individual who had lost his soft palate by syphilis, possessed the power of vomiting at will, in a rare degree; and that he should have been deceived by him had it not been for the robust state of the impostor's general health; and that he was informed by the hospital servants that, in his absence, he swallowed everything, and easily. Fallot also discovered this fraud, in another case, by gently pouring into the pretender's mouth, while he slept, a small quantity of liquid—instinctively and unconsciously he swallowed it: on being immediately awake he at once confessed his imposture.¹

¹ Mem. de l'Expert, &c., p 276.

Sometimes simulators of this disease are detected by not rejecting solid food.¹

Orfila mentions an instance even of simulated vomiting of faecal matters, which occurred in a woman in the hospital of La Charité; upon watching, it was discovered, that the monster was in the habit of swallowing her own and neighbours' excrements, for the purpose of vomiting them again.² It is difficult to conceive the reason for an act so disgusting—it would be a charity to suppose that it arose from mental derangement. Dr. Willis likewise states that he has heard of a poor girl, who habitually vomited fæces, well formed, and moulded by the cells of the colon, which she had previously swallowed.³

Marshall relates an amusing case of feigned emesis. A man was suddenly seized with propensity to eject his food. After a time he was told that his complaint was very unusual;—that his case had been consulted upon—and that the conclusion had been arrived at, that, in the event of his disposition to vomit not abating, his belly was to be opened for the purpose of ascertaining the cause of the regurgitation of his food; the urgency of the symptoms, of which he had formerly complained much, subsided rapidly, and he went to his duty in a few hours, without any expression of uneasiness.⁴

Mr. Copland Hutchison had a case where vomiting occurred so frequently as to become alarming; it was soon observed, however, that the vomiting was periodical, occurring only when the physician paid his morning or evening visit; and that, in the interval, the patient ate his usual allowance of food, without any injurious effect. He was watched, and it was found that he made pressure on the region of the stomach with his hands, applied under the bed clothes. Whenever these were

¹ Dict. des Sciences Méd., art. Simulation, p. 360.

² Leçons de Méd. Lég., vol. i., p. 417.

³ On Urinary Diseases, p. 38.

⁴ Ed. Med. and Surg. Jour., vol. iv., p. 244.

secured, the vomiting ceased.¹ Beck states that a remarkable case of voluntary vomiting occurred some years since in this country in a distinguished public individual; but he forbears relating any of the particulars, lest he might unwittingly trench on the sacred privacy of domestic affection and sorrows, "*non sibi sed patriæ vixit.*"²

Hutchison states that some other means have been employed than those which have been already mentioned; this he states as proved by this disease subsiding rapidly on his cutting off a supply of drugs from the impostors.³

Male, Paris, and Fonblanque, state that vomiting of urine has sometimes been pretended. Paris says that we may safely pronounce the patient an impostor, for the event is physiologically impossible. I have, however, seen urea, in some quantity, plainly enough detected in the ejecta from the stomach of a person where complete ischuria had taken place for some days, yet who afterwards recovered.

PYROSIS.

The occurrence of Pyrosis will be taken exactly for that which it is worth. In suspicious cases, unless we have other and more decided symptoms of functional, if not of organic change, than a mere watery discharge from the stomach, we need not trouble ourselves much concerning it. The statement that the disease is not dangerous, and that we shall, in a great measure, trust to time for its cure, will cause the pretender either to relinquish his game, or to superadd other symptoms by which he will betray himself. There is an account of one Blash de Manfré, who was celebrated as a "water spouter," and who successfully feigned this disease—but this occurred in 1651.

GASTRALGIA.

The term Gastralgia is used, in a general sense, to denote

¹ Surg. Observ., p. 168.

² Med. Jurisprud., p. 12

³ Lib. cit., p. 170.

pain of the stomach, from whatever cause it may arise, rather than to designate any particular affection. All pains of the stomach, if comprised under one head, would bring together so many heterogeneous morbid affections, or at least many so remotely allied, that it would be impossible to lay down a differential diagnosis of the true and feigned states. Many pains are merely symptoms of various diseases of the stomach, or those which sympathetically affect it, under the heads of which they must be considered. Only one form of the complaint, which has been long recognised as an individual disease, and has had a specific character assigned to it, will therefore be considered under the head of

GASTRODYNIA.—This form of pain of the stomach has generally been regarded as a mere symptom of dyspepsia, and where dyspeptic symptoms are present, the pretension of pain may easily be superadded, to give a higher colouring to the nature of the malady. The difficulty of determining such an affection is the greater, as, in the real disease, the sense of pain overpowers every other feeling, and is represented as the sole complaint; the contingent ailments being only acknowledged on continued inquiry; and as the disease is oftentimes met with unattended by any other indication of impaired health, the pulse being calm, the skin cool, and the tongue clean.

The symptoms which will more materially aid us in our differential diagnosis, are, the obtuse pain of the stomach, giving the sensation of its being forcibly compressed; the tenderness on pressure at the ensiform cartilage; the sense of stricture across the lower part of the chest, with pain extending to the back, and impeded respiration.—The remittent character of the disease is an important symptom, as also the spasmodic character of the pain.

The most important agent however for determining the reality of the affection is an emetic. On its exhibition in the real

disease, the redundant and unhealthy mucous secretions of the stomach are discharged. Instead of this mucus being fluid and pellucid, it is dense, membranous, and opaque; unlike in all respects to that which a healthy stomach discharges on the operation of an emetic.¹ The effort of vomiting likewise is more severe on account of the difficulty which the stomach experiences in detaching and expelling it. The appearance of the evacuations likewise helps to indicate the truth, being loaded with mucus in the real disease, more or less natural in the feigned affection.

When therefore the foregoing symptoms are absent, when the ejected phlegm is natural, and the evacuations healthy, we have sufficient reason for denying the reality of the alleged pain, unless we can ascertain the existence of the more formidable diseases, such as scirrhus, cancer, ulceration, &c., which may give rise to it.

DYSPHAGIA.

One may by habit acquire the power of simulating this infirmity. Percy and Laurent have seen cases where men pretended they could not swallow. When simulators of this disease attempt to swallow, they generally make the liquid aliments to return by the nose, they pretend to find it necessary to throw back the head or to apply their hands to the throat to cause the food to pass.

The dysphagia which arises from affections of the brain, as apoplexy, hysteria, hypochondriasis, &c., is sufficiently well marked to offer no chance of success to the simulator; but that species which arises from disease of the organs of deglutition, and the surrounding parts, offers greater facilities; we have therefore to ascertain the existence of such disease.

If the dysphagia be said to be painful also, we ought to have inflammation, ulceration, aphthæ, and the seat of pain or difficulty ought to indicate the seat of the disease.

¹ Dr. Barlow, *Cyclop. Pract. Med.*, vol. ii., p. 328.

If mere empty swallowing be complained of as painful, we ought to have the disease at the top of the throat.

If there is said to be equal difficulty of swallowing fluids as of solids the case becomes very suspicious.

Percy relates a case in which the disease was said to originate from opening an abscess near the anterior extremity of the clavicle; it was detected by watching. Simulators may be detected by the state of the parts (which should always be attentively examined) showing no abnormal condition, by the want of emaciation,¹ which could not fail to be present if the difficulty of swallowing were real; but above all, by watching; by isolation, and by surprising them when eating. In dysphagia believed to be feigned, it is a good plan to introduce a probang into the œsophagus and stomach, for the purpose of ascertaining if there is any constriction, and with the alleged view of restoring the power of deglutition. The patient will, in general, become tired of his simulation. Spoon diet should also be recommended, as better calculated to remove the disease than any other.

DYSPEPSIA.

Marshall has known a number of men discharged from the service in consequence of a real or simulated affection of this kind. In 1828, a case of this nature occurred in the General Military Hospital, Dublin; the consequence of which was, that, till the dismissal of the man from the hospital, and his return to his duty, the disease was epidemic.²

Dyspepsia, being so varied in its forms, and attended with such a variety in its manifestations; being more or less complicated with functional or organic disease, of neighbouring and sympathetic disease of remote viscera; being easily imitated from most persons having, in some degree or other, suffered from it; and being characterised by many symptoms which are easily *pretended*, becomes a fruitful resource for simulators.

¹ Coche, lib. cit., 157.

² Cyclop. Pract. Med., vol. ii., p. 155.

In cases where the disease is exaggerated, it will be scarcely possible to arrive at a correct conclusion.

On the bewildering distinctions, unequalled by the morbid manifestations of the organ affected, which have been described by most recent authors, it would be fallacious to build our differential diagnosis.

We should expect to find, in the acute attack of dyspepsia, a weak, languid, or soft pulse, a cool and moist skin, and cold extremities, frequent chills, horripilations, formications, or slight shudderings, as well as various other sympathetic affections. In the chronic form, the symptoms are more marked. We have then to observe the state of the patient before and after a meal, as well as during its digestion; the order of the symptoms, their severity, and relation to each other. The modes of feigning these symptoms, and of detecting their simulation, are described under the various heads of HEADACH, GASTRALGIA, PYROSIS, EMESIS, TYMPANITIS, COLIC, &c.

In military life, it would not be advisable to recommend a man for discharge until a pathological state of the organ can be clearly demonstrated. Organic disease of the stomach is accompanied with pain of the part affected, regurgitation of the food, and general emaciation; generally, with other well marked symptoms, as pyrosis, painful tympanitic distension; and the neighbouring viscera, have evident functional, if not organic derangements.

When there are no obvious symptoms of this affection but regurgitation of the food, and complaints of pain, &c.—symptoms which can easily be pretended or excited—it may, in general, be inferred that the alleged disability is not of a serious nature.

Some persons, who possess a voluntary power of rejecting the contents of the stomach, (see EMESIS,) avail themselves of it in the simulation of this disease. Marshall has seen several cases of this alleged disability, in which, although the patients regularly continued to regurgitate their food, or, at least, a

portion of it, nevertheless increased in weight on low diet. Such men should doubtless be sent to their duty. It will be frequently found, on watching such individuals, that, like the man referred to in the *Dict. de Sciences Méd.*, they privately supply themselves with food which they do not vomit.

COLIC.

This disease we know to have been feigned in very early times, as Galen detected a simulated case of this kind. Probably the same means by which he discovered imposture, may be employed equally successfully now; viz. the aversion which the patient shows to take medicine. Nauseating purgatives may be employed, as a mixture of salts and asafoetida; the pretender will then have a fair opportunity for giving in, as the disease will only be assumed for temporary purposes. The impostor will generally be at fault in not acknowledging relief by pressure on the abdomen, and in continuing his complaints and outcries, as if the paroxysms only came on at those times they are likely to produce the most impression on those who are examining him. The retracted, or tense, elastic, and sonorous state of the abdomen, will serve to elucidate the nature of the affection. When the pain is said to be excessive, or when the symptoms do not yield to the remedies adopted, and the skin continues *cool*, and the pulse *slow*, we may infer deception.

MALFORMATIONS, DEFORMITIES.

Of all the defects which disqualify for military service, personal deformity would be supposed to be the one most unlikely to be feigned. For, *a priori*, it would be expected that a man who attempted to feign deformity, would readily be exposed by the anatomical and physiological knowledge of the surgeon; intimately acquainted as he is with the normal configuration of the human body. Yet, although this opinion seems to be well founded cases occasionally occur, from which it would

appear, that the simulation of deformity is not easily recognised. There are several instances on record, where a board of medical officers has recommended recruits to be discharged from the army, on account of alleged great deformity; who, were, in fact, remarkably well made men, and were afterwards re-approved. In some instances, the measures of impostors have been remarkably successful. Marshall gives several instances of wonderful success in this simulation;¹ and remarks, "That an acquaintance with the success of some simulators of disabilities, tends to sharpen suspicion, and to show the necessity of great vigilance on the part of the medical officer, to counteract the unwearied stratagems of individuals, with which they will sometimes attempt to defraud government, and eventually bring blame on individuals."

The natives of India are particularly prone to simulate malformations and deformities of various kinds; they generally pretend them to be the consequence of some wound. Anatomical evidence usually suffices to lay bare their attempts at deceit, as the consequences attributed to such wounds could not possibly arise.

Deformities arising from muscular contraction may be classed under the heads of **WRY NECK, LATERAL AND ACUTE CURVATURE OF THE SPINE, CONTRACTIONS OF THE SHOULDER, ELBOW, and WRIST JOINTS, and FINGERS, also of the HIP, KNEE, and ANKLE JOINTS.** Those which are simulated most frequently are, contractions of the finger, elbow, and knee joints; shortness, or distortion of a limb; inversion of the feet; placing one toe beneath the other; and wry neck.

As many of these affections are made accessory and subservient to the simulation of other complaints, they are noticed under the heads to which they, in some measure, belong, such as **LAMENESS, LIMPING, DISEASE OF THE LOINS, &c.**

LATERAL CURVATURE OF THE SPINE.

In an extended memoir, presented to the Academy of Medi-

¹ On the Enlisting, &c., pp. 256, 7.

cine, in 1836, by Dr. Jules Guerin, the differential characters of simulated and real deformities of the vertebral column, were laid down. Resting upon anatomical facts, he concluded, that deviations by imitation, have uniform and special characters, which enable them to be always recognised, and which are never found in those arising from disease.

According to M. Guerin, in simulated curvature, the seat of the deviation is always in the dorso-lumbar region, the bending is always single, there is never any gibbosity of the convex side; folds of skin or wrinkles, generally two, exist on the concave side, the haunch of which is elevated, and the extremity seems proportionally shortened, when the heel is raised from the ground.

In morbid deviations, the seat of curvature is variable, the curvatures are manifold, and alternate, there is always gibbosity, the folds of skin on the concave side are slightly marked, there is little or no inclination of the trunk, and the elevation of the haunch is scarcely perceptible.

He explains the absence of gibbosity in the simulated curvature, by the want of torsion of the spine, which, he says follows like a tree the morbid deviations, in whatever degree or region they are observed. One of the consequences of this torsion is, that curvatures of the spine may differ much, according as they are examined from behind or before; this column which appears straight in the first case, is much contorted in the last.

Simulated curvature being a physiological movement, a simple attitude, the bodies of the vertebræ do not undergo any torsion; consequently there is no change in the relations of the normal processes and depressions of the spine, which follow each other, and incline uniformly and constantly in the same direction. Hence these deviations constantly offer the same characters, except in degree. It is not so with morbid deviations, the elements of which are so numerous and complex that they balance each other, in order to bring the axis of the trunk into the line of gravity.

Simulated curvature of the spine is frequently detected by causing the individual to lie down on his belly, and binding his loins with a tight bandage, then drawing his extended arms above his head. The vertebral column almost always follows this movement.

I have met with accounts of several cases of successfully simulated lateral curvature of the spine. In two instances, the impostors were subject to severe scrutiny, yet succeeded in deceiving their examiners, and were both well formed men. The first, (Brady,) was found unfit for service, by a medical board, on account of deformity of the spine and chest, strong inclination of the body to the right side, &c. ; the second, (Darby,) was also reported, by a medical board, to have curvature of the upper part of the spine, with deformity of the chest and shoulders ; the left shoulder nearly two inches higher than the right, &c., which they reported incurable, after two months' observation, treatment by caustic, issues, &c.

GIBBOSITY, ELEVATION OF THE SHOULDER.

A young man exhibited himself on the Boulevards, at Paris, with this deformity, under the title of "The Living Angel." He produced it by raising and carrying back the shoulder blades, so as to give their projection a resemblance either to a wing or a tumour. Percy and Laurent state, that in every case the imposture is easily detected by carrying the head or arms back to the natural position. In all cases where such a deformity is supposed to be simulated, the man should be laid on his back, and examined in that, as well as the upright position. Careful and repeated examinations, however, are sometimes necessary to detect the fraud.

CAPUT OBSTIPUM.

That state of the head in which it inclines to one side, (the consequence of pains, of a fall, of cold, of malformation, &c.,) and in which it cannot be restored to its natural rectitude,

may be very well imitated; but it is easy to recognise the fraud, for in such a case, the sterno-cleido-mastoid, opposite to the side which is turned, is tense, whilst it is not so on the contrary. In the real obstipation, the eyes cannot but with difficulty be turned to the side opposite to the inclination, while in the real disease, men can see objects placed more laterally.¹

It is sufficient to make some slight efforts to restore the head to its natural position, to discover this stratagem.

A feigned case was detected, by the individual, when intoxicated, forgetting his assumed defect, in his eagerness to resent an affront.²

CONTRACTIONS OF THE LIMBS.

Contractions of the limbs are frequently pretended by soldiers, with the view of obtaining their discharge³; and, next to ulcers, is the imposture which we most frequently meet with, among seamen and marines.⁴ Fallot states, that it is, of all infirmities, the one most *easily simulated*, and therefore the most common. In these affections, the diagnosis is sometimes so obscure, that the most experienced and careful observers have been deceived. Kirckhoff states, that “C’est encore un cas qui exige beaucoup d’attention de la part de l’officier de santé, pour s’assurer s’il n’est pas simulé.”⁵

It is difficult to conceive the number of semiflexed limbs, contracted fingers, and twisted wrists, which are the result of previous study and determined perseverance; as well as the constancy with which tests, even of the most painful kind, are sustained for a great length of time, by individuals who desire the attainment of particular ends. Their perseverance, constancy, and submission, give corresponding trouble, before detection and conviction can be obtained. As examples, reference may be made to the case of Haddock, of the 61st

¹ Orfila, *Léçons de Med. Lég.*, vol. i., p. 410.

² Marshall's Hints, p. 128.

³ Marshall.

⁴ Hutchison.

⁵ *Hygiène Militaire*, p. 24.

regiment, which is detailed by Marshall,¹ and to that of Batts, related by the same author.²

Trollope, in his excellent description of the mutilated mendicants of St. Jean du Doigt, already referred to, states, that each horrible object continued all the day in the position he had taken up; and, in many instances, in attitudes which it appeared scarcely possible to retain so long. One man lay on his back on the ground, while both his bare legs were raised high in the air, and sustained in that position by crutches.

In many cases of alleged disabilities of this kind, it is far from easy to arrive at a definite conclusion; seeing that a considerable degree of disease may exist in a joint without any well marked external indications.

The pretenders take care to allege, that the deformities arise from some fracture, sprain, or luxation of old date (accidents of which we cannot perceive the slightest trace); sometimes they assert them to be the consequence of chronic rheumatism. There are some cases in which the contraction is said to have followed a severe attack of fever or rheumatism; and from the limb having been long kept in a state of flexion, muscular atrophy has ensued from the cessation of the wonted contractions, and some difficulty of motion is, present consequent on long continued inaction. This has been observed among the Indian Fakirs, some of whom are found, whose arms are incapable of being brought down from the erect position, from the length of time they have been kept immovably extended.

These simulators have another origin for the shortening or contractions of the muscles. According to them, they are the results of one, or several wounds, received in infancy. Sometimes even at birth, or from burns, marked by cicatrices, which only implicate the surface of the dermis. Every such reclamation ought to be rejected.

¹ Ed. Med. and Surg. Jour., vol. iv., p. 35

² Hints, pp. 163, 221.

The means employed by malingerers to simulate this affection, are obstinate, persevering, and determined flexion of the extremity, which by inaction, and by tight bandages put on by stealth, they sometimes cause to become attenuated; sometimes they make superficial burns near the ends of the flexor tendons to countenance their assertions. Some, to gain their ends, will not allow the joint to be touched, but scream and bellow as if they were upon the rack, when the slightest attempt is made to straighten the limb; others affect great anxiety to be cured, or at least offer no obstruction to the use of means, but seem to endure the pain occasioned by various remedies with the greatest fortitude.

In the army, the chance of successful imposition is greatly increased, if the malingerer happen to be transferred to a new medical attendant. The medical staff officer, who has to decide upon the proposed discharge of a man for a contracted joint, must be greatly influenced in his opinion by the account he receives of the previous history of the symptoms from a regimental medical officer.

The more or less evident traces, which would necessarily have been left behind by accidents capable of producing such decided disabilities as universal or partial atrophy of the member; the more or less evident marks of the formation of callus; the fibrous destruction of the articulations; unequivocal signs of old fractures or luxations; are the principal proofs of the reality of the affection, and are those by which we should judge of the case. "*Claudicatio simulata noscitur absentibus vitiis in articulationibus extremitatum inferiorum, et sedula attentione, an putatitius claudicans etiam extra hominum consortium claudicet.*"¹ The general rule in cases of contraction, is, that there is legitimate ground to suspect simulation, if no cicatrix indicate the infirmity, and if there is no atrophy of the contracted member; the presumption is augmented, if the

¹ Plenck, *Elementa Med. et Chir. For.*, 1736.

contracted muscles are in a state of tension, hardness, or swelling.

Upon the investigation of each case, great care and patience should be bestowed; and when the disease is believed to be feigned, we should not at once profess to discover imposture, even although the evidence of fraud may appear satisfactory. It is frequently prudent to conceal our knowledge, as well as our suspicions, and not to let an impostor know that the existence of his disability is disbelieved or doubted, for in all probability he will only become the more obstinate. Many indeed would lose their lives, rather than confess their fraud; which teaches us the propriety of invariably allowing them a safe retreat.

If the immobility of a joint be supposed to depend on a voluntary action of the muscles of the limb, this power may be nullified by putting on a tourniquet, above the alleged contracted joint, in such a manner that the nerves, as well as the vessels, may be compressed: the limb then allows itself to be easily flexed;¹ or else, a firm roller, previously wetted, may be tightly bound round the limb, in drying it will so compress the muscles, that they will be unable to continue the action demanded of them.²

As the power of the will over the voluntary muscles ceases with, or is greatly modified by sleep the limb should be examined during that state; the motions of flexion and extension should be attempted, or some manœuvre practised, having for its object the knowledge of the degree of motion existing in the limb. A more profound sleep than natural may be produced by the use of anodynes.

Of the various means of conviction which may be tried, emetics may be employed, and advantage taken of that deadly sickness which immediately precedes the act of vomiting, when

¹ Isfordink, *Militarische Gesundheit Polezei*. Cyc. P. M., v. ii., p. 139. ² Fallot.

all muscular effort is gone, to straighten the limb. Beck states, that during the sickness produced by an emetic, the contracted limb has been found to yield to very slight force.

Sometimes the impostor is detected by exciting his passions,¹ like the man feigning amaurosis, already mentioned. Sometimes, the simulator is detected by becoming intoxicated. One mode of procedure is advised by Baron Percy, which cannot be deemed justifiable, either in this or in any other case; it is to put the patient upon his oath, with regard to the existence of the alleged contraction: for although this might be effectual in some cases, yet there are others in which it would be merely adding perjury to imposture. The young man whom Baron Percy detected by this means, had been brought up with very religious notions, which was the cause of his success in discovering the fraud in that instance.

Electricity is another means of conviction which sometimes succeeds; as some men cannot bear its operation, consequently they report themselves as improving in the use of their limb: others again bear this agent in almost any degree without flinching. In these, a repetition of the electric shock will not be followed by any useful result.

Gradually stretching a feigned contracted limb, by means of a pulley, and when fully extended keeping it in that state, for a longer or shorter time, by the aid of a strong splint, and repeating the operation daily, sometimes induces an impostor to give in. The pulley should be avowedly used, only as a remedial measure, and the strictest care ought to be taken to conceal whatever suspicion of deception may be entertained.

The apparatus which Dr. Hennen mentions in his *Military Surgery*, p. 174, for the cure of real contractions, will probably answer exceedingly well for cases of feigned ones. Where it is found necessary, the powerful apparatus now employed in

¹ Cyclop. Pract. Med., vol. ii., p. 138.

the cure of really contracted joints, may be used to demonstrate the fraud in simulated ones. I have been informed by Dr. Mortimer, that he has succeeded in detecting and convicting a simulator by this means.

It is often useful to suggest in the impostor's hearing, that as the contracted joint had not sensibly improved, it would be advisable to try the influence of a warmer climate, and, with that view, he should be transferred to the coast of Africa.

CONTRACTIONS OF THE SHOULDER.—The arm has been extended from the shoulder joint, forming a right angle with the side, and alleged to be immoveable. The impostor continued his deceit for sixteen months, and baffled a variety of means to flex the shoulder; he succeeded in being recommended to be discharged, but accidentally betrayed himself by instinctively grasping with the immovable arm an arrack bottle which was attempted to be stolen from him. It is supposed that this immobility of the shoulder joint was simulated in imitation of the Indian Fakirs.¹ The means already and subsequently mentioned, if employed discriminately, cannot fail to detect and overcome such a simulation.

CONTRACTIONS OF THE ELBOW JOINT.—A case is mentioned by Marshall,² where an alleged contraction of the elbow joint, was ingeniously and cleverly detected. Fallot overcame a determined malingerer by the same means.³ In this instance the doctor placed a small cushion between the arm and side of the impostor, so as to prevent him from resting the elbow on the hip. He then held his own arm in a position similar to that of the simulator, and desired an assistant to append, by degrees, equal weights to his hand and to that of the patient. The doctor's arm became overburdened, and

¹ Marshall on the Enlisting, p. 126, 2nd. ed. ² Ut cit., p. 126. ³ Ut cit., p. 260.

being unable longer to support the weights, he straightened his elbow-joint, and placed them on the floor. The simulator continued, however, to keep the joint in a flexed state, but at length the arm began to quiver; a circumstance, which the doctor quickly noticed, and coming unperceived behind him, completed the extension by the aid of his hand.¹

Hutchison² relates an example, where, by engaging the man's attention, so that the effort of the will was nearly removed, the arm was easily made straight by a slight attempt. But he says, (p. 164) that in the next case which occurs to him, he will take advantage of the administration of an emetic, as before stated, to straighten the limb.

CONTRACTION OF THE FINGERS.—A morbid contraction of all the fingers of a hand is sometimes pretended, and sometimes a burn is made near the end of the flexor tendons, to countenance the assertion. One may always suspect fraud when the muscles of the fore-arm are found tense and contracted, and the arm well nourished.

Contractions of this nature may be easily overcome, and the impostors convicted, by introducing a cord with an eyed probe between the fingers and the palm of the hand, then gradually appending weights, so as to extend the fingers.

In the *Dict. des Sciences Méd.*, t. 51, p. 336, there are two cases mentioned where this measure was successful; in one, at the end of six minutes, the hand and the whole arm began to quiver, and at the end of four more, the weight fell and the fingers were straightened.

General Ross, when in command of the 52nd, cured a case of this kind by binding the sound hand to the man's side, while if he wished any food, he must take it with the contracted hand from an elevated shelf. He was cured in forty hours. This practice was adopted with much success in the

¹ Marshall, on the Enlisting, &c., p. 137, 2d. ed.

² Pract. Observ., p. 162.

the French armies. Baron Percy states that the firmest resolution fails before the calls of hunger.

CONTRACTIONS OF THE THIGHS.—A man who pretended to be bent double, was judiciously detected by placing him so as to cause him to be supported by his head, hands, and feet; he soon got tired of such a state of repose, and stretched himself out flat upon his belly.¹

Another case was cured by placing the patient in a warm bath, and adding water until it became so high as nearly to reach to his chin, while he stood erect,² the individual in this instance was taken by surprise.

CONTRACTIONS OF THE KNEE-JOINT.—Many impostors succeed in gaining their discharge by simulating contraction of the knee-joint: *e. g.* the case related by Percy and Laurent of a youth deceived by a recruiter, who simulated pain in, and contraction of the knee-joint for three years, till he obtained his discharge; as also the case of Mac Dowel, in *Marshall's Hints*, p. 160, where, after eighteen months' perseverance, and after the complete demonstration of the fraud, the man obtained his discharge. The last author also mentions another case, where the imposition was obvious, but the perseverance effectual in obtaining a discharge. The alleged defect is commonly attributed to chronic rheumatism, sometimes to an injury. In the simulation of contractions of this joint, the aid of inaction and tight bandaging, so as to effect attenuation of the limb, is frequently employed. The suspicions of a medical officer are sometimes not excited till this has been produced, and frequently the impostor presumes he has nearly effected his purpose. In such cases the fraud is less easily discovered than in the more simple simulations.

When doubts are entertained in knee-joint cases, the patient may be placed on a pedestal, several feet from the ground, on

¹ Marshall, on the Enlisting, p. 126.

² Marshall, on the Enlisting, p. 126.

his sound extremity. If the defect be only pretended, he will probably soon stretch out the contracted limb, to prevent himself from being hurt by falling, as he cannot remain long on one leg.¹ Percy and Laurent state, that twelve men who were submitted to this trial could not resist it.² Perhaps, a still better plan is to place a simulator on a small platform a few feet from the ground, and to attach a weight of forty or fifty pounds to the contracted leg. Unless he possess an unusual share of fortitude he will be glad to support himself on both extremities. He may be kept there for two or three hours. Marshall states this plan to have succeeded most effectually in convicting three cases.

A contraction of this kind has been overcome by making the man lie on his belly on a barrack table, and appending a weight to the heel of the affected extremity.³ Marshall recommends, in voluntary contractions of the flexor muscles of the leg, to propose, in the hearing of the patient, to cut the tendons across, if recovery should not soon occur. After waiting some short time, (a week or fortnight,) and finding no good effect follow, he ought then to be removed to the operating table; where, with the display of instruments, and a false operation, followed by the use of splints, he thinks that the man *ought* to admit that the cause of the contraction has been removed. I should very much doubt the probability of such a scheme succeeding. Fallot, however, makes a similar proposition; he states that it is the means which he commonly makes use of. The man is made to lie on his back—the limb is measured from the crest of the ilium to the great toe. If there is no difference between it and the opposite limb, division of the tendons, which prevent extension of the limb, is threatened; which, he says, the courage of the impostor nearly always flinches from.⁴

Hennen, however,⁵ states, that he has seen a patient admit of

¹ Orfila, *Léçons de Méd. Lég.*, vol. i., p. 408.

² *Dict. des Sciences Méd.*

³ Marshall's *Hints*, p. 160.

⁴ *Lib. cit.*, p. 259.

⁵ *Lib. cit.*, p. 470.

all the preparatory measures for amputation before he thought proper to relax his knee-joint.¹

A feigned contraction of the leg has been detected by the manoeuvre of ordering the patient to lie on his face in bed; by which change of position the unaffected limb takes the place of the contracted one; the hand of the surgeon is then to be placed on the sound limb, which the patient, deceived by the change of position, gradually contracts, under the idea that it is the member affected: by making continued flexion of the healthy extremity, the diseased one has thus been forgotten, and has insensibly returned to its natural state. Fallot has sometimes made use of the following plan. He has appeared self-confident, discoursed of indifferent things, and sought to distract the attention of the person from the subject with which he was occupied; at the same time he pushed or made gentle pressure on the projecting part of the joint, by which means he sometimes succeeded in straightening it.²

A seaman who had lost in a great measure the use of his extremities, which were contracted, was sent to an hospital to be surveyed, was declared an impostor, and ordered to be taken on board his own ship to be punished. On his way from the hospital, however, being aware of what was awaiting him, he suddenly started up in the cart, leaped into a field of sugar canes, and escaped.

The practice adopted by one disciplinarian, in cases of stiff knee-joint, was to cause the *skulker* to be lashed on the back with small cords, by the boys, until he could *run away* from them.³ It is scarcely necessary to add, that for the surgeon to give his sanction to such treatment would be most reprehensible.

When there is proof, almost amounting to certainty, that the contraction is wholly feigned, active exercise may be pre-

¹ See a paper by Mr. Carmichael, in the Transactions of the College of Physicians of Dublin, vol. ii., p. 377, where a very instructive case is detailed.

² Memorial de l'Expert, p. 260.

³ Cyclop. Pract. Med., vol. ii., p. 139.

scribed, and the recommendation rigidly enforced by the commanding officer. Six or eight hours' knapsack drill daily, is a treatment which few simulators of contraction will long resist.

In the case of a man who had pretended a rigid state of the knee-joint, complete flexion was produced by tickling the sole of the foot with a feather, after he had been set to sleep by the action of opium.

CONTRACTION OF THE ANKLE-JOINT,—VARUS,—though perhaps not frequently simulated, does not appear to be so easy of detection as at first we should suppose; at least, if the length of time that the imposition goes undetected is to be taken into account. Thus Percy relates a case of a dragoon, who simulated varus (after a fall) for two years, when he was discharged. Whenever attempts were made to straighten the limb, his cries and complaints caused the means to be discontinued. A similar case is related in the *Cyclop. of Pract. Med.*, where, after a fracture, a seaman obstinately simulated varus for twelve months, which was only detected by accidental intoxication.

I would treat all such cases by giving the individuals, at bed time, a strong opiate, and then observing the true state of the limb, and judging accordingly.

It is astonishing for what a length of time a person may retain a limb in total inactivity, yet at the end of that period have great command over the member. A convict kept his right knee contracted for seven years, and at the end of that time walked off with a firm step.¹

MALPOSITION OF THE TOES being of considerable importance in military life, as it prevents the soldier enduring long marches, has been occasionally simulated. It would readily be detected by the means stated under the head of the previous deformity.

¹ *Cyclop. Pract. Med.*, vol. ii., p. 138.

Convicting a simulator does not always make a good soldier of him, the perverted disposition too often remains. If he should not succeed in one scheme he tries another, and if he meets with some bar to his discharge on account of disability, he frequently finishes his career by mutilation or desertion. Patient and long continued watching, combined with the use of appropriate remedies, disguising at the same time the appearance of suspicion, aided by the hints which are contained in the relation of those cases which have been detected, will generally succeed in bringing to light the nature of the case. Yet with all the keenness that long experience may be expected to produce, it may happen that the examiner will be deceived. The difficulty of the detection of some cases may be inferred from the circumstance related of a convict maintaining his deception for the long period of seven years. It is better, however, to be deceived, than by being too suspicious to lend ourselves to the use of means, which in the real disease would be injurious. Fallot relates the melancholy case of a surgeon's violently breaking a semi-anchylosed wrist joint, and which ultimately rendered amputation necessary; and another, where the individual sunk under the sorrow brought on him by the opiniativeness and measures used by a surgeon to straighten a knee contracted by rheumatism.¹

With regard to HÆMORRHAGIC DISEASES, it may be remarked, that the fraud is, in general, easily recognised, when it is not followed by the results inseparable from such affections; such as pallor, loss of strength, feebleness of the pulse, the peculiar state of the eyes, &c., &c.

EPISTAXIS

can scarcely be feigned, though it may be artificially excited. It is generally a subordinate symptom, and used as an adjunct in the simulation of other diseases; seeing that it is not commonly believed to be indicative of serious derangement of

¹ Memorial de l'Expert, pp. 211—212.

the health. It is stated that blood procured from the interior of the nostrils by incisions has been swallowed for the purpose of simulating hæmoptysis, or hæmatemesis, but there is reason to doubt whether the supply would be sufficient for the purpose. Epistaxis, thus excited, has also been used to give a colouring to feigned epilepsy.

The interior of the nostrils should be carefully examined to ascertain the marks of recent scarifications. The soft parts, by the consequent swelling and discoloration, will indicate the employment of external violence. The best mode of treating epistaxis, presumed to be feigned, (as it is in general the result of plethora,) will be by low diet, exercise, and counter-irritation.

HÆMATEMESIS.

This affection may be readily simulated, and the facility with which it may feigned has frequently induced soldiers and sailors, as well as other classes of society, to pretend or assume it. Isfordink says that, along with hæmoptysis, they are the most common diseases assumed to shirk out of the service.

In real hæmatemesis, the quantity ejected at a time is always considerable, being seldom less than 8 or 10 ounces, and sometimes amounting to several pounds: since the ejection of effused blood by vomiting does not ensue until, either by its quantity or stimulus, it excites the stomach and abdominal muscles to contraction. When hæmorrhage occurs in smaller quantity the blood, passes off by the pylorus without causing vomiting.

The simulation of hæmatemesis is effected by procuring blood, and after swallowing it, producing artificial vomiting, whereby it is disgorged.¹ The blood, generally, is that of some animal—commonly of a bullock. Huguenot has seen a girl vomit several pounds of blood, for several days together, which was ascertained to be bullocks' blood. The negroes in the West Indies have been known to swallow their own blood. Blood,

¹ Marshall, Isfordink, Orfila, Beck, Cyclop. Pract. Med.

when thus taken, is usually swallowed before the morning visit, and commonly soon excites nausea and vomiting, being just at the time most convenient for the simulator. Coche says, that it is a serious symptom, which cannot be imitated without danger. In cases where it is necessary to determine whether a large quantity of blood, which has been vomited at one time, and where only one fit of vomiting has taken place, is really the consequence of some functional or organic disease, or merely an excited affection, our attention must be directed to the presence or absence of the usual premonitory symptoms; as cardialgia, pain at the epigastrium, deranged appetite, faintness, or a sense of sinking in this region; flatulent eructations, lassitude, irregular chills and flushes, distension and tenderness of the epigastrium, nausea, &c. These symptoms, however, are easily capable of *pretension*, and some of them may be produced by the means used to simulate the disease. The pulsating character of the pain, the pallor and expression of anxiety, and the comparative ease with which vomiting is effected, as also the absence of much previous retching, are symptoms which are much less open to simulation. It is to be borne in mind, however, that, in some cases, death has occurred from hæmorrhage into the stomach, without any premonitory symptoms sufficient to attract attention.¹

The appearance of the blood will in some measure assist our diagnosis, by a comparison of its characters with that which should result from the state of the vital energies and of vascular action, previous to and at the time of the hæmorrhage. Where there has been increased action, and the quantity is large, the blood is generally pure, and unmixed with ingesta. When it has oozed from the congested mucous surface, or depended upon organic disease, it is of a dark venous colour, sometimes grumous, at other times fluid, pure, or mixed with the secretions and matters of the stomach. Where we suspect that foreign

¹ Frank, De Cur. Hom. Morb., t. vi., p. 198.

blood has been swallowed to simulate the disease, discovery will be readily effected by examining the blood globules by means of a moderately powerful microscope. The difference in size and appearance of the blood globule of the human subject and the ox can be easily recognised. The relief which is often experienced from the more severe symptoms ushering in hæmatemesis, will not be acknowledged in feigned cases. As the diagnosis of hæmatemesis is imperfect, unless we can ascertain to what specific cause we are to ascribe the hæmorrhage, and whether it be idiopathic or symptomatic, connected with deranged functions or organic disease, active or passive; our inquiries will not cease till we have satisfied ourselves on these points. Our decision, therefore, will be based on the pathological state of the organ, not on the discharge of blood by vomiting.

When this imposition is practised in situations, or under circumstances which excite the surgeon to investigation, it will in general be discovered by a minute examination of the phenomena, by a jarring of the symptoms and assertions which true disease never presents.¹

The deceit is generally a gross one, and easily detected, especially when the man is strong and vigorous, and when he presents all the other external signs of good health; more especially when the practitioner is made aware of the means employed to deceive. When any suspicion is excited in chronic hæmatemesis, the detection may at once be made by watching the patient, and cutting off the possibility of his obtaining the materials necessary for the simulation. It may be observed, that Plenck states, that some attempt to simulate the disease by swallowing Armenian bole, and then exciting vomiting.² Of course, this deceit would be more easily detected than the other species of fraud, as mere red coloration could not be mistaken for the true appearance of diluted blood.

Sauvages, in his *Nosology*, makes mention of a young lady

¹ e. g. Metzger, p. 462.

² *Elementa Med. et. Chir. For.*, p. 116.

who being unwilling to remain in a convent, had some blood of an ox brought to her, which she drank, and then vomited in the presence of her physician. As no deceit was suspected, her trick succeeded, for he declared that she was really ill, and she thus attained her liberty.¹ Hutchinson has a similar case,² and Metzger narrates a like case of a female who accused a person of having maltreated her; she went to bed and brought up large quantities of blood without any effort: she could, however, sing, and cry, and put herself in a passion without the disease recurring, and it ceased when she found the deceit would prove useless.³

HÆMOPTYSIS.

Simulated hæmoptysis did not escape the notice of Galen, who says—"Deprehendi quidem sunt qui sub finem tussis quoties vellent, sanguinem excreverint, venulâ quâdam circa gingivas apertâ; sicque comparatâ ut quando videretur linguâ illam urgentes, statimque post tussientes, sanguinem quasi ex inferioribus expuerent." Hæmoptysis is an indication of disease not unfrequently simulated by soldiers,⁴ and is rather a favourite disease with those who wish to obtain their discharge.⁵ Impostors are aware that spitting of blood is occasionally a symptom of consumption which disqualifies a soldier for the service; and, as this symptom is easily feigned, it is more commonly simulated than any other indication of pectoral disease.

The means which are employed are various. Some secrete bullocks' blood for the purpose of colouring the saliva.⁶ Thus, Dr. Fallot found, in a case of alleged profuse and continued hæmoptysis, on careful and prolonged watching, that the man ejected large clots of blood without coughing; and that, before

¹ Sauvages, Nosol. Method., t. viii., p. 84., Ed. 1772. Mahon, Méd. Lég., vol. i., p. 361.

² Surg. Observ., p. 178, ³ Metzger, Principes de Méd. Lég., par Ballard, p. 462.

⁴ Marshall, Ed. Med. Surg. Jour. Fallot, Memorial de l'Expert, p. 271.

⁵ Cheyne, ut cit., vol. iv.

⁶ Marshall, Ed. Med. and Surg. Jour.

the blood was ejected, he turned his face towards the back of the bed, under the cover of which was found a pot containing a pound and a half of bullocks' blood. This man affected a feeble voice, and complained of his deplorable condition. In this case the appearances of good health, a fine complexion, the absence of fever, and the sonorous sound elicited from his large chest, led to the suspicions which caused detection.

Some impostors make small incisions in the back of the throat,¹ or in the inside of the mouth;² some pick their gums with a pin or other instrument;³ sometimes they suck blood from other parts than the mouth, as their arms or fingers;⁴ and after mixing it with the saliva, and, having coughed for some time, spit it out.

Impostors have been found to introduce into the mouth metal instruments containing a sponge filled with blood.⁵

Very desperate expedients have been resorted to, as that of swallowing a cork stuck full of pins.⁶ In one instance, fatal hæmoptysis was produced. As the case is instructive as well as interesting, I shall insert it at some length:—A soldier, pretending illness, asserted that his complaint arose from blows received by the sergeant-major at drill, to whom he bore an ill will; the fauces were slightly reddened; in a few days the throat became more inflamed, and he was utterly incapable of swallowing anything but liquids. This was followed by ptyalism; he soon began to spit blood of a slight scarlet colour, but without cough, this increased in quantity daily. In a short time he was observed to be constantly spitting or hawking up blood, and became very white and emaciated, till, in a day or two, sudden hæmorrhage carried him off. On opening the body, Mr. Guthrie found an instrument lying across the commencement of the œsophagus, composed to two half phial corks,

¹ Orfila, *Leçons de Méd. Lég.*, vol. i., p. 419.

² Dr. Quarrier. *Hutchison, Surg. Observ.*, p. 160.

³ Marshall, *Hutchison, Beck, Isfordink; Plenk*, p. 115.

⁴ *Dict. des Sciences Méd.* Orfila.

⁵ Orfila *ut cit.*, p. 419.

⁶ Guthrie on the Arteries, p. 320.

fastened together by a strong thread, having previously each had three pins thrust through them, so that the heads of the pins were applied to each other back to back, the points sticking out beyond the cork, forming a sort of chevaux-de-frise; this, it is presumed, he covered with fat, and attempted to swallow, but, the point of a pin catching, the efforts to swallow turned the machine across. In this situation, the points of the pins were close to the carotid arteries, and having, by degrees, given rise to ulceration of the œsophagus, they wounded them on both sides; every elongation or pulsation of the arteries having brought them against the point of one or more of the pins, the marks of which were observable in several small holes of different sizes on the sides of the vessel; these holes gradually increased by ulceration till they gave rise to the fatal hæmorrhage. The arteries and pins are in the possession of Dr. Hooper.

I have been thus particular in the symptoms and history of this case, as it shows the difficulty of diagnosing the cause of some factitious diseases, and consequently the difficulty of treatment; the man denied imposition to the last. Sir George Ballingall in his Lectures, (1836-7,) mentioned that a pin accidentally swallowed produced a similar result to that of the foregoing case. Sometimes impostors put into the mouth pastilles coloured with carmine, and prepared with acid substances, which excite the salivary secretion.¹ Some pretend this disease by the aid of a small piece of Armenian bole placed beneath the tongue.² Brickdust,³ and vermilion paint have also been employed for the same purpose.⁴ Beck quotes a curious case under the head of *cachexia*, which properly belongs to hæmoptysis. One Henry Moor Smith, a most accomplished villain, while in the prison at Kingston, began to spit blood, had a

¹ Orfila, *Léçons de Méd. Lég.*, p. 419. Beck, *Med. Jurisprudence*, p. 9.

² e. g. Jean Baptiste Sylvaticus, *Institutio Medica de iis qui Morbum simulant deprehendendis*. Madrit, 1594: also Beck, *Med. Jurisp.*, p. 9, Marshall, Plenk, p. 115.

³ Hutchison, Beck.

⁴ Hutchison, Marshall, &c.

violent cough and fever, and gradually wasted away, so that those who visited him supposed that his death was rapidly approaching. This continued for a fortnight, and his weakness was so great, that he had to be lifted up in order to take medicine or nutriment. A turnkey unfortunately, however, left the door of the prison open for a few moments, in order to warm a brick for his cold extremities; on his return, *Smith had disappeared*. On again being put in prison he feigned cachexia, hæmoptysis and epilepsy, but with no success. He confessed that he pretended to raise blood by pounding a brick into powder, putting it in a small rag, and chewing it in his mouth. He contrived to vary his pulse by striking his elbows: (see EXCITED CIRCULATION); and said he had *taken the flesh off his body in ten days by sucking a copper cent in his mouth all night and swallowing the saliva*.¹

Ballard relates a case in which a frightful and frequent hæmoptysis was feigned, but as it was unsuccessful with regard to the object, the deceit was given up.²

With regard to that simulation of hæmoptysis which consists in producing hæmatemesis by the means mentioned in the preceding article, and asserting that the blood comes from the lungs, it may be shortly remarked that the characters of hæmatemesis are too well defined to be confounded with blood coming from the air passages, and that the cough evidently becomes more active at the moment of the expulsion of the blood. Besides, the blood itself is blacker than that which proceeds from the air passages, is always disposed in lesser or larger clots, or in one mass, mixed with bile, mucus, and sometimes the alimentary contents of the stomach.

It is not to be inferred, however, because the patient asserts that he has spitting of blood, and we cannot discover the diagnostic signs of hæmoptysis, or find the blood truly to come from the stomach, that he is necessarily feigning. Seeing

¹ Lib. cit., p. 11.

² Vide lib. cit. p. 462. See also Hufeland's Journal, 13, 3, No. 5.

that the blood may proceed from the mouth or the throat, as in the case related by Guthrie, and the irritation of the fluid on the glottis may cause cough, in this way deceiving the man himself, or it may pass into the stomach and cause vomiting. The diagnosis, in such cases, is not so easy as is imagined. Copland, indeed, states, that the *utmost care* is required to distinguish this species of attack from *hæmoptysis*, on the one hand, and from *hæmatemesis* on the other. Besides, in some instances, the blood, though proceeding from the lungs, is instinctively swallowed as it collects in the pharynx, and accumulating in the stomach causes vomiting; thereby giving rise to suspicion that the seat of the hæmorrhage is the stomach.

In general, the absence of those symptoms which usually attend hæmoptysis, such as imperfect formation of the chest, cough, dyspnœa, disturbed circulation, and hectic flushing, will naturally excite suspicion; which, whatever the extent of the hæmorrhage, will be confirmed by the absence of extreme faintness, and of that sense of anxiety, depression, and sinking, which is evident to the bystander, and which is so frequently observed, whether the loss of blood be great or small; seeing that these symptoms are as often due to the alarm or previous shock produced by this phenomenon, as to the actual loss of blood; also by the character of the respiration which is natural in the intervals of vomiting in the feigned attack—quick, *sibilous*, and short in the real disease. A proper knowledge of the stethoscopic phenomena of real hæmoptysis, will greatly facilitate our diagnosis. The pretender can scarcely imitate the small, weak, and interrupted voice and speech of true hæmoptysis. Although, unsuspecting fraud, I have once been completely deceived by a medical mendicant, who pretended this symptom of hæmoptysis to corroborate his story.

The appearance of the blood in the sputa will, in general, be sufficient to change our suspicions of fraud into certainty, since the impostor seldom imitates the spots or streaks of blood

so frequently found in real hæmoptysis, but assumes the disease on a larger scale. Blood from the lungs, where not considerable in quantity, is generally *florid*, frothy, coagulated, or semi-coagulated, and isolated, swims in water from its containing small vesicles of air, and is mixed with mucus or pus; where it is very abundant, it is fluid, generally more or less *florid*, but not frothy, and is then seldom mixed with muco-puriform matter; whereas, in the feigned sputa, it is mixed or dissolved in the saliva; is of a thin, ropy consistence; contains no vesicles of air, and is of a *darker* hue. When the blood is obtained from other vessels, in which it has been contained, the coagula sometimes retain figures or marks which have been impressed on them in coagulating, and thus discover the fraud.¹ In cases in which there are no symptoms of disorder of the respiratory organs, or where we suspect the blood to be derived from other parts of the body, we must not neglect minutely to examine the mouth and pharynx, and such parts of the body as are within the reach of suction; causing the suspected person to wash the mouth with a slightly astringent and colourless fluid, as vinegar and water, and the throat to be gargled. We are also to examine if Armenian bole, or the pastilles which have been spoken of, are to be found in the rinsings of the mouth. Besides, it is easy to recognise such imposition, by making the simulator spit without coughing, for then the saliva will be coloured red, just as if he had coughed.² Should the sputa, however, be really sanguinolent, and should this temporary production really come from the air-passages, is the symptom called hæmoptysis alone sufficient to cause us to entertain serious anxiety concerning, or to grant exemption from any service to a man, when nothing demonstrates the existence of a true lesion of some of the air passages, and when his general state presents none of those signs which are proper to chronic pulmonary disease? These signs, which cannot be

¹ Fallot, Mém. de l'Expert, &c., p. 273. ² Orfila, Leçons de Méd. Lég., vol. i., p. 419.

unknown to a practical physician, alone ought to influence us in our decision upon hæmoptysis. Spitting of blood, when it is not accompanied with an organic lesion of old date, being susceptible of a ready cure, especially in young soldiers, ought not to be ground for exemption or discharge from military service.¹

Isfordink recommends, probably from having noticed that the least exertion of the voice, or of the body, or a fit of laughing, occasionally increases or brings back the discharge of blood, that such employment be given to the individual, that, if real hæmoptysis were present, it must show itself. This recommendation is of more than doubtful propriety.

HÆMATURIA, AND ALTERATION OF THE URINE.

Hæmaturia is occasionally pretended, and the affection rendered plausible by mixing blood with the urine.

This disease may be either feigned or excited. It is simulated in the case of certain vegetable substances, to which are attributed the power of colouring the urine. These have been taken internally in suitable doses, such as the beet-root, madder, the Indian fig,² the cactus opuntia, or the fruit of the prickly pear; (Ellicot, in the journal of his travels for determining the boundary of the United States, informs us, that his people ate very plentifully of this substance at an island of the Mississippi, and were not a little surprised next morning on finding their urine appear as if it had been highly tinged with cochineal; no inconvenience, however, resulted from it;) and extract of logwood. It may be remarked that other colouring principles than those just mentioned, which pass off by the urine unchanged, may be employed for the purpose of producing an unnatural colour, and apparent alteration of the properties of the urine, though these substances have not been

¹ Coche, also Scott, Forbes, Cyclop. Pract. Med.; also Marshall.

² Matthiol. in lib. i. Dioscor., cap. 145. Donat. Marcell., lib. iv. Hist. Med. Mirab., cap. 129; and Oviad., lib. viii., Medic. Histor., cap. ult. Zacchias, lib. iii., tit. 2, Quæst. 2, p. 290.

recorded as agents in the simulation of disease. For instance, indigo, rhubarb, gamboge, red radishes, mulberries, black cherries, cassia fistula, and elder rob possess this property. Cochineal, litmus, sapgreen, and alkanet, on experiment, have not been found to reappear in the urine.

Madder and indigo appear in the urine 15 minutes after they are taken into the stomach; rhubarb in 20; logwood in 25; the whortle berry in 30; black cherries in 45; pulp of cassia fistula in 55; ferro-prussiate of potass in 66; and elder rob in 75.¹ It may be well to notice that the urine is sometimes coloured white from the admixture of milk,² and that a blue colour is frequently derived from ferro-cyanate of iron.³ Phosphate of iron, too, has been found producing a blue colour of the sediment in points.⁴

In the case of a man under the care of the water-quack Priessnitz, the urine, on standing a few hours, successively became blue, green, and black. Schinitz states, that he has observed a blue sediment in the urine of three other patients under similar treatment. Bouchardat suggests that the coloured sediment may be the result, under certain rare conditions, of a spontaneous transformation of the albumen naturally existing in the urine.⁵

Detection may take place in cases of hæmaturia, simulated by the use of colouring substances, by boiling the urine; for urine mixed with blood then furnishes a brown coagulum, and regains its yellow colour.⁶

A boy in Staffordshire, in 1617, having accused a woman of bewitching him, feigned various maladies; and amongst others,

¹ Dr. Wohler and Dr. Stehbager; vide Duncan's Dispensatory, p. 214, ed. 1830.

² Rayer, Willis on Urinary Diseases, p. 162.

³ Dr. William Batt of Geneva. De urina sedimentum cæruleum demittente, 8vo. Geneva, 1809. In Julia Fontanelle, 2 cases, Journ., de Chimie Med., t. i.; and Archiv. Gen. de Med., t. ii., p. 105. 1823. Cantin, Journ. de Chimie Med. t. ix., p. 104. Willis on Urinary Diseases, pp. 129, 131.

⁴ Angilini in Configliachi e Brugnatelli Giornale, t. xviii., p. 338.

⁵ Journ. des Coun. Med. Pract. Lancet, 31 Dec. 1842.

⁶ Orfila, Leçons de Méd. Lég., vol. i., p. 420.

the excretion of black urine. The wisdom of our ancestors condemned the woman to be burnt, as was usual in such cases; but the bishop of the diocese, suspecting imposture, caused the boy to be watched, when he was detected dipping cotton in ink, and afterwards introducing it within the prepuce, in order to give the urine, which he publicly voided, its dark colour.¹ When there is reason to suspect artificial alteration of the urine, undoubtedly the best of all precautions is to cause the patient to urinate in our presence, and to observe carefully whether anything be put into the reservoir capable of changing the apparent qualities of this fluid. If wine, for example, the odour which it throws off will detect it. Mead makes the urine to froth up of a yellow or citron colour when it is decanted.²

Hæmaturia simulated by the aid of such means, will be of no more importance in the exemption or discharge of men from military service, than hæmoptysis induced by pricking the gums, or the introduction of Armenian bole beneath the tongue; the absence of a chronic disease of some part of the urinary organs will be sufficient to justify the physician in rejecting all reclamations on this point.

The urine is sometimes mixed with blood after it is passed, (Zacchias); and sometimes blood is injected into the bladder (a dangerous expedient). The mucous membrane of the urethra is sometimes scratched with some instrument, so as to cause it to bleed. Fallot relates an instance of this mode of attempting to simulate the disease.³

In cases where we have reason to suppose that deception exists, we may detect the simulator by cutting off the supply of blood with which he colours his urine; this will be effectual, except in those cases in which the blood is derived from the individual himself. Constant observation of the impostor, however, will prevent this fraud being had recourse to, except

¹ Mem. of Literature, vol. iv., p. 367. Copland, Dict. of Pract. Med., vol. i., p. 892.

² Mahon, Méd. Légale, vol. i., p. 335. Zacchias, t. iii., tit. 2, Quæst. 2.

³ Memorial de l'Expert, &c, p. 281.

where the urethra is lacerated by instruments; examination of the course of this canal, swelling and tenderness, as well as the momentary wincing on the passing of the urine over the lacerated membrane, will lay bare this deceit. Besides, the phenomenon itself proves such a fraud, as blood passing *guttatim*, without urine, manifestly comes from the *urethra*.

When blood has been injected into the bladder the diagnosis will be much more difficult; because the symptoms which its presence in the bladder will excite, are the same as those which arise in real hæmorrhage into the bladder, and because in some cases of real disease the symptoms are very obscure, and the hæmorrhage sometimes takes place suddenly and in great abundance, *without any precursory sign*.¹

In these cases, if we very minutely examine into the symptoms, we shall generally find that the blood comes from the kidneys, and that its effusion is caused by calculi in these organs. The absence, therefore, on such a minute investigation, of those symptoms which indicate disease of the kidneys; such as preceding chills, or rigors, coldness of the extremities; or of deep seated pain, or a sense of weight, tension, or heat in the loins; general lassitude, anxiety, colicky pains; frequent desire to pass urine; numbness of one or both thighs, pain in the course of the ureter, nausea, or retchings; will induce grave doubts as to the reality of the affection. This observation equally applies to those cases in which the blood is added to the urine after it has passed; as Dr. Prout justly remarks, that when the blood is equally diffused through the urine, which is its usual mode of admixture by impostors, it generally proceeds from the kidneys.

Hæmaturia is also sometimes excited. Some substances, when taken internally, make the urine bloody; as, for example, savine, and the immoderate use of cantharides, whether taken internally or applied externally.² A very prominent symptom in most

¹ Copland, Dictionary of Practical Medicine, vol. ii, p. 104.

² Lib. et loc. cit.

cases of poisoning by cantharides, is distressing strangury, generally accompanied with suppression of urine and discharge of blood from the urethra;¹ but the pain and danger which are the consequences of such a fraud, generally hinder recourse being had to these drugs.² Even if cantharides or savine be employed, the difficult deglutition and aversion to liquids, as well as the distressing strangury and suppression of urine which so commonly accompany the action of these agents, will point out with sufficient exactness the nature of the malady. Turpentine may produce strangury and bloody micturition,³ but I am not aware of its having been employed to excite the affection.

Nitrate of potass, and all the acid and alkaline substances, &c., capable of passing with the urine, may determine hæmaturia;⁴ but this property is scarcely admissible, unless with the circumstance of a pre-existing irritation in the urinary passages.

And it is this, which it is then necessary to prove. It is either upon a serious lesion of the bladder, kidneys, ureters, or urethra, that our decision should be based, and not upon the appearance of hæmaturia, which never, or scarcely ever exists, but as a subordinate symptom in such a case.⁵

Increased or diminished consistence of the urine, for the sake of establishing diseases of which such a state is a symptom, ought to be presumed to be the effect of artifice, if the other symptoms of these diseases do not manifest themselves at the same time.

PHTHISIS.

Fallot states, that individuals with long necks and contracted shoulders have successfully simulated phthisis, by

¹ Vide Christison on Poisons, 3rd ed., p. 561. See also Graaf der Praktischen Heilkunde, Hufeland's Journal, vol. lii., p. 112. Also, Rouquayrol, Annales de la Méd. Physiologique, Oct. 1829, in Ed. Med. Surg. Jour., xxxiv., p. 214. Mahon, Méd. Lég.

² Zacchias, lib. iii., tit. 2, Quæst. 2. Sed hoc non sine aliquo periculo et dolore experienti fuit, ita ut facile suæ fraudis pœnam reportaturus esset.

³ Christison on Poisons, 3rd ed., p. 859.

⁴ Coche, de l'Operation Médicale du Recrutement, p. 96.

⁵ Dr. Watson on Hæmaturia, Med. Chirurg. Review, vol. xxi., p. 491.

covering the chest with blisters,¹ cicatrices of issues, &c., aided by the temporary exhibition of drugs, which occasioned paleness of the countenance, (mentioned under the articles FEVER, GENERAL INDISPOSITION, and DEBILITY). According to Cheyne, the soldier often undertakes a perfect portraiture of this disease, and sometimes executes it with great cleverness. He most frequently attempts it when recovering from fever or catarrh, accompanied with pulmonary irritation; and so well does he act his part, that unless the surgeon is very circumspect, he may discover when too late that he has been made a dupe of. The soldier's cure all at once seems suspended; his food he says stuffs him; he begs to be replaced on spoon or milk diet; he coughs much at the period of the daily visit, suppressing his cough for some time previously, so that if there be any sputa, it may be expectorated at that time.² Metzger states, that phthisis is simulated by substances which excite an abundant expectoration, figs for example.³ Alberti cites such a case.⁴

It would appear almost incredible that tubercular disease of the lungs should be attempted to be feigned by a malingerer; the complexity and peculiarity of the symptoms, and the change in the conformation of the body, would seem to render hopeless such a scheme of fraud; but when we remember that pain, cough, and debility, may be easily assumed, emaciation produced, and hæmoptysis easily feigned or induced, our surprise will be lessened, especially as these symptoms are well known to every one.

The impostor often increases the expectoration by mixing it with saliva and mucus from the nose; it is often mixed with blood, which is commonly produced by picking the gums;⁵ for this symptom see HÆMOPTYSIS. A clot of blood from a bleeding basin has been mixed with the expectoration, and asserted

¹ Vide Fallot, *Mémorial de l'Expert*, p. 284.

² Cheyne, *Dublin Hosp. Rep.*, vol. iv., p. 160.

³ *Principes de Méd., Lég.*, par

Ballard, p. 220. ⁴ *S. P. M.*, t. iii., cas. 91.

⁵ *Marshall's Hints*, p. 120.

to have come from the lungs (vide Fallot). Emaciation is produced by abstinence and by drinking vinegar.¹ Cough and hoarseness are imitated, debility is pretended, and a puriform expectoration is often obtained from the spitting pot of a patient really labouring under the affection. Many impostors are such adepts in the art of deranging the circulation as to simulate hectic fever by quickening the pulse; in cases of this kind the breathing is generally quick, and there are always complaints of pain in the chest, and of disturbed rest from cough; so that all the leading symptoms of consumption are more or less completely counterfeited. Cheyne states, "that the pretender generally expresses a wish to be bled or blistered for a pain in his chest, begs for some medicine to relieve his cough, applies for a furlough," &c.

The apparent despondency, instead of the continued and unwearied hopes of the patient, which characterise the real disease, will afford means of suspicion, if not of detection. Coche says, that thoracic phthisis can no longer be simulated with any chance of success. The means of exploration are too positive now-a-days, not to point out, not only the general state of the disease, but even the kind of alteration of the pulmonary organs; this is similarly remarked upon in the circular of the Army Medical Department, (22nd Jan., 1830), where it is stated, that by a skilful application of the stethoscope, medical officers will commonly be able to distinguish mere bronchitis from tubercles, which afford a sufficient reason for discharging a man. The stethoscope is highly useful in detecting the simulators of consumption, a class of impostors which is found in all military hospitals, and sometimes also in regimental hospitals.²

However great an adept in simulating disease the impostor may be, however much he may be aided in his imposition by the existence of previous or present pulmonary disease, the physical diagnosis of diseases of the chest, is now, or may

¹ Beck's Medical Jurisprudence, p. 6. ² Marshall on the Enlisting, 2nd edit., p. 108.

be, so well known to every physician, that little room is afforded for successful speculation. It was not so formerly, when the diagnosis was based upon symptoms common to various and dissimilar affections. Hence, the amount of pulmonary disease, indicated by auscultation and percussion, will be the ground for our judgment: not the symptoms capable of simulation, as pain, cough, hoarseness, emaciation, hæmoptysis, and debility.

Nevertheless, the great prevalence and consequent mortality of this disease, (including those who die after invaliding, half the army in Ireland dies of consumption—Cheyne gives a table, where eight years' experience proves this to be a fact,) ought to make us extremely guarded; especially if the conformation of the chest be such as would favour its occurrence, and if there be any marks of a strumous constitution.¹ I should like to notice here a few remarks which were written to the minister of war in France, by the physician-in-chief of a military hospital; "of twenty-seven deaths, ten have fallen victims to phthisis, these are young men who are incapable of surmounting the fatigues which are co-existent with their state. It is to be regretted that the signs of affections of the chest are not so easy to be seized upon by those who examine recruits as the deformities. One cannot, however, repeat this truth too often: the entrance of a consumptive patient into the hospital, is the warrant for his death. It is to be desired that discharges were more promptly to be obtained than they are at the present hour." These humane wishes do not so powerfully apply to our service, as a great number are annually discharged on account of various affections of the lungs; but we hope that such fatal examples will not be lost sight of in the future, and that humanity will earnestly regard and alleviate such misfortunes. For my own part, I think it would be judicious as well as humane, to discharge cases of

¹ Cheyne, in *Dub. Hosp. Rep.*, vol. iv.

phthisis in the first stage ; by which is meant dulness on percussion, diminished inspiration, and prolonged expiration ; (see Fournet's *Clinical Researches on Auscultation of the Respiratory Organs*, translated by Thos. Brady, M.B. ;) as the exercises of a soldier will certainly hurry on the disease to a rapidly fatal termination.

ABDOMINAL TUMOUR is almost certainly either *PHYSCONIA* or *TYMPANITIS*; the means used to simulate the two affections are somewhat different, and will therefore require *separate* consideration.

TYMPANITIS.

This affection has been so successfully feigned as to deceive a board of French medical officers ; but this individual possessed the extraordinary power of greatly distending his abdomen by swallowing air. He, however, obtained an unqualified exemption from military service by presenting himself in this state, with clothes made for the occasion. This case is referred to by Orfila, Coche, Percy, Laurent,¹ and Marshall. Fallot mentions, that one of his fellow officers possessed the power of swallowing air, so as largely to distend the stomach, which he could again empty at command.² In India, a great expansion of the abdomen is occasionally excited or pretended by soldiers, for the purpose of evading duty, or obtaining a discharge. The tympanitis, which is sometimes induced by the use of the exciting means, is very great indeed.

Dr. Mortimer, surgeon to the General Hospital, Madras, has informed me, that he has reason to believe that burnt cork is largely used for the purpose of producing this appearance, but is not aware how it acts.

Similar means to those which are mentioned in the succeeding article have been employed to simulate this affection ; and

¹ Dict. de Sciences Méd., t. li., p. 328.

² Memorial de l'Expert, &c., p. 276.

it has been excited by the use of large quantities of chalk and vinegar.¹ Cheyne has seen many attempts made to deceive in the former way; and Dr. O'Hara, Apothecary to the Forces, had between thirty and forty men who tried the latter method; several of whom succeeded in being discharged, before a solution of Glauber's salts in weak tobacco water, called the *infusum benedictum*, cured the epidemic.²

The means adopted by Dr. O'Hara will generally be successful in reducing tympanitic distension artificially induced; being simple, innocuous, and efficient, they are perfectly justifiable.

PHYSCONIA.

Although soldiers do not recognise the principles by which medical officers are guided in their recommendations of men for discharge, they are aware that this disability is connected with an enlarged state of the abdomen; hence it is a symptom which they frequently imitate.³ This disability is stated by Marshall to be not unfrequently feigned by soldiers who wish to be discharged. He also states, that he has met with three or four cases of alleged organic disease of the abdomen, in which the means used to deceive, consisted in simply raising the spine, rendering the abdomen large and tense, and keeping up the distension by means of short expirations.⁴ Mr. Bamfield, surgeon to the 35th, had three such fictitious cases. Of course the impostor was immediately detected, when placed in a state of nudity; which situation Marshall judiciously recommends in the examination of all such cases. A man who had been treated in the regimental hospital of the Edinburgh garrison, was detected on being admitted into the general hospital, suspicion having been excited, from the healthy appearance of his countenance, and the condition of his abdomen, as inferred from its size: it was discovered that the appearance

¹ Cheyne, in *Dub. Hosp. Rep.*, vol. iv. ² Marshall.

³ e. g. Marshall, on the *Enlisting*, &c., p. 115.

⁴ On the *Enlisting*, &c., p. 116. *Hints*, pp. 151, 152.

was produced by elevating his spine at the loins, when placed on his back for examination.

Physconia is sometimes simulated in India,¹ particularly by convalescents, who are sent from stations in the interior, to the coast, for the recovery of their health, or transmission to Europe, should such a measure be found necessary. It is not precisely ascertained what are the means employed, but they are pretty correctly supposed to be—the swallowing of large quantities of congée toddy, rice water, and a little soap, a short time before they are to be examined. Physconia was a very prevalent disease in the 2nd Battalion of the Royals for a number of years, when the corps served in the Deccan, in 1817. In many of the patients, there was a considerable incongruity between the evident indications of health in the countenance, and the appearance of disease in the abdomen. Those individuals who were suspected of malingering, were smartly purged, and had their liberty restrained; some getting tired of this discipline, rapidly recovered, others held out for some time. On being inspected in the morning, the waistband of the trowsers often did not meet by six or eight inches. In many, every appearance of physconia disappeared during the afternoon, to be as marked as ever next morning. This disease continued to be simulated for a number of years in the corps; and in 1821, Assistant Surgeon Bolton was shot by a schemer, owing to the anxiety with which he reduced the sick list, and the disposition to malingering. (A disagreeable encouragement to the exercise of one's duty.) A careful exploration of the *naked* abdomen will discover whether the tumour is dependent on the presence of air or fluid. If not dependent on either of these causes, it must then be owing to organic disease; which would give evidence of its existence by derangement of the functions of the liver, the mesenteric glands, the stomach, the intestines, bladder, or other organs contained in that cavity,

¹ Beck's Medical Jurisprudence, p 27.

producing emaciation, and other cachectic symptoms ; none of which would be found in the simply simulated disease. Such cases will then be determined by the importance and pathological state of the diseased viscera ; by the amount of constitutional affection which they have led to ; and by the causes and curability of the disease in question.

The squalid, exsanguine countenance, and shrunk, inelastic muscles of persons who have resided for a considerable time in India, strongly corroborate the conclusion likely to be drawn from a protuberant belly in a convalescent from tropical disease.

It has been recommended, in suspected cases, to observe the patient when asleep. It was in this way that Mr. Bamfield detected the pretenders ; but simulators are sometimes prepared for this test, and wrap themselves up so completely in the bed-clothes, that the end cannot be obtained without awakening them.

A source of difficulty which it is almost impossible to get over in diagnosticating the cause of protuberant belly, is the tense state of the abdomen, which is immediately induced by the voluntary effort of the pretender, on the slightest attempt to explore the naked abdomen. This difficulty can only be overcome by wearying out the muscles by gentle manipulation as we require to do in those of hysterical abdominal tenderness, where careful exploration of the abdomen is necessary.

PERITONITIS, GASTRITIS.

Symptoms resembling peritonitis have been simulated, and however much care be taken, it will sometimes happen that the simulation of internal uneasiness, will gain for its pretender the evasion of some temporary duty. This is more especially likely to occur in tropical climates, where time is not always afforded for the examination of the moral evidence in doubtful cases, in consequence of the rapidity with which disease frequently runs its course, and the necessity for a prompt resort to remedial and curative measures. In colder climates

where inflammatory affections do not run so rapid a course, or rather, where disorganisation is not so readily produced, sufficient time will generally be afforded to clear up our diagnosis.

It will frequently happen, nevertheless, that considerable doubts will remain upon our minds as to the real nature of abdominal pain: its assertion therefore under circumstances unfavourable to continued investigation, may involve us more or less in dubiety. We may have obscure inflammation of the peritoneum, and the viscera which it covers, neuralgia, and rheumatic pains of the adjacent muscles and nerves, colic, and the passage of calculi along the biliary ducts or ureters, giving rise to a considerable degree of pain, without the presence of other well marked symptoms.

We have already considered the pains which may be referred to Hepatitis, Hepatalgia, Gastralgia and Colic, and have therefore only to consider that kind of pain which is so easily complained of, and which is chiefly referred to the abdominal integuments. As in many cases we have a considerable, nay, even a fatal degree of peritoneal inflammation, without much pain being present, the skill of the physician must first be directed to ascertain whether this cause of pain be present.

The characters by which we are to infer the cause of pain, will be found adverted to in the article PAIN. In considering the importance due to this exalted sensibility, it is necessary to bear in mind, that abdominal pain may arise from skin diseases, and rheumatism of the abdominal muscles, from irritation or inflammation of the abdominal organs, from tympanitis, and from the nervous system. It is superficial and pungent in peritonitis; dull and heavy in splenitis, hepatitis, and gastro-enteritis; burning in irritation, chronic inflammation, and organic degenerescence; itching in helminthiasis, in chronic intestinal inflammation, in hysteria, and hypochondriasis. If tensive pain be complained of, we should expect to find it chiefly in the hypochondria, in disease of the liver or spleen, in hypochondria-

sis, in infarctions and in chronic peritonitis; if intense and periodic pain be complained of, we should expect to find the symptoms of neuralgia coeliaca; if lacerating, those of rheumatism of the abdominal muscles.

In the pain characterising gastritis, we have the addition of other well marked symptoms such as urgent vomiting, easily excited by food or drink; thirst, desire for cold liquids; generally intense redness of the tip and edges of the tongue, the absence of which will negative the idea of the pain arising from that cause.

The pain which is present in enteritis, has also in addition, peculiarities marking the different portions of intestine which are engaged.

Rheumatic and neuralgic pains are sometimes so obscure as to afford great opportunities to the impostor. Andral observes that rheumatic patients are sometimes attacked with acute pains in the abdomen, which vanish more or less suddenly, without leaving any trace of a severe affection; and M. Chomel states that in several cases, acute pains suddenly occur in the abdomen without any appreciable cause.¹ In such cases we shall have the pain principally felt at the origin or insertion of the muscles, shooting to the false ribs, and the spine of the ileum; or else the symptoms of irritation of some portion of the spinal cord, or of the ganglionic nerves that are distributed to the different viscera. Hysteria sometimes simulates peritonitis, and where abdominal pain is complained of by those liable to hysteria, the greatest possible difficulty will attend our diagnosis. The diagnosis of false and hysterical pain is not so important however, as the diagnosis of insidious peritonitis and hysteria, for which I must refer to *Bright's Reports of Medical Cases*, p. 453.

The effects of pressure on the abdomen ought to be carefully noted, as they are in many cases signs of the disease. Thus

¹ Dict. de Médecine, tome xvi., p. 330; also Cyclop. Pract. Med., vol. iii., p. 296.

in peritonitis we should expect to find the pain increased by, and according to the amount of pressure, especially when the abdomen is pressed obliquely.¹

In abdominal pain, proceeding from the nervous system, it is diminished upon pressure. It is supposed that the mode of examining and exploring the abdomen is known to the observer, especially the manner of applying the hand.² The degree of pain which the pretender alleges himself to suffer from the erect posture; from moving to either side in bed, or moving at all; from action of the abdominal muscles; from coughing, sneezing, vomiting, or a full inspiration; the state of the respiration, whether small and interrupted, and thoracic; the peculiarity of countenance arising from gentle pressure, causing a sudden retraction of the lips and expression of pain; as if he were pierced with a sharp instrument—(the “face grippé” of the French pathologists;) the position of the limbs, whether drawn up towards the belly, relaxing the abdominal muscles; the tension and tumefaction of the abdomen itself; the state of the pulse and of the tongue, and the degree of thirst, &c.; will all materially assist our diagnosis, and enable us to determine whether any insidious and obscure peritoneal inflammation is running its course, or whether the affection is altogether feigned.

The impostor will frequently bear a considerable weight on the abdomen, while the pressure of the bedclothes will sometimes be unbearable in the real disease.

Having arrived at a conclusion as to the seat and cause of pain, we have to look for the presence of those symptoms diagnostic of disease of the part affected, and upon their presence or absence we must base our decision. One source of difficulty we must not forget; that is, that an unsus-

¹ “Elle (la douleur) était plus difficile à supporter, quand on la faisait (pression) latéralement en la dirigeant vers le centre. Ce signe est un des meilleurs pour faire découvrir les péritonites obscures.”—Broussais’ *Hist. des Phlegmasies*, vol. ii., p. 429

² See Martinet’s *Pathology*, translated by Quain, 3rd. ed., p. 68.

pected aneurism of the descending aorta has frequently given rise to the most severe pains of the abdomen and side. In such cases it has happened, that the individual has not only experienced no relief on application for remedial treatment, but his case has been looked upon as one of "sham," and treated accordingly. Such an instance, occurred to the late Dr. Davies, and is related in the *Lancet* for December 31st, 1842. An instance of simulated abdominal pain, occurred to Marshall, and is recorded by him.¹ Detection in one instance was obtained by exhibiting an anodyne, and visiting the man while asleep. On pressure being applied to the tender abdomen of the impostor, the considerable kneading which he bore before he awoke, sufficiently indicated the absence of that pain which was so urgent when he was awake.

SYNCOPE.

A most disagreeable part of the duty of the medical officer is to attend at the corporal punishment of soldiers and sailors. On these occasions, it is not rare for the individual to drop his head on his shoulder and feign fainting, in the hope of having his punishment remitted, and the medical officer is sometimes called upon to decide as to the nature of the case. Pretenders in such cases have been known to play their part with great sagacity and ability. In other circumstances, also, syncope is simulated by soldiers and sailors with the view of obtaining particular ends. Mendicants also sometimes assume the appearance of this affection, in order to impose on the charitable: and hysterical and nervous females frequently assume it as a cloak to excite compassion, to terminate altercations, or to have their desires gratified.

The degree of fainting which is usually feigned, is *ECLIPSIS*; or that state in which the patient becomes pale, is seized with dizziness, has black appearances before the eyes, experiences tinnitus aurium and nausea but retains consciousness; and some

¹ Hints, p. 118.

degree of voluntary motion. All the symptoms except the first being easily capable of pretension.

LEIPOTHYMIA is more difficult of simulation, as besides the existence of all the before-mentioned symptoms, in a more marked form, the circulation and respiration become weak, and the patient becomes cold.

Except in the extremely rare cases of those persons who have a voluntary power over the action of the heart, there can seldom be any difficulty in discriminating fictitious from real *syncope*.

There is a case, however, which deceived even the physicians themselves, mentioned in the *Journal des Savans* for 1756, also one in *Dict. des Sciences Medicales*, t. li., p. 238.¹

Feigned syncope cannot resist the application of strong sternutatories to the nostrils.² Indeed it is difficult to simulate a small feeble, and languishing pulse, an almost suppressed respiration, cold sweats, coldness of the extremities, and great paleness of the countenance; and without these, the seeming exhaustion, or alleged loss of muscular power, will not impose on any person of experience. The state of the countenance alone, suffices to indicate the real disease in almost every case.

If ligatures are supposed to be used to prevent the pulse being left, the body should be examined naked; so also, if lotions have been applied to the face to give it a pale colour,

¹ In Dr. Cheyne's English Malady there is recorded a very singular instance of the influence of the will upon the action of the heart. It is there stated, that the Hon. Colonel Townsend voluntarily so retarded or stopped both the circulatory and respiratory functions, that there could not be perceived by any means action of either the one or the other. In the fourth vol. of the Ed Med. and Surg. Jour, p. 198., it is stated, that Fontana acquired such a power over the action of the heart, that he could accelerate or retard his pulse at pleasure. A medical friend of mine could so command the action of his heart, that on the exercise of this power, neither præcordial impulse nor pulse at the wrist could be felt. Dr. Cleghorn, of Glasgow, used to mention in his lectures, the case of a person who could feign death, and had so completely the power of suspending, or at least moderating the action of the heart, that its pulsation could not be felt. A case is likewise given in Montis' letters to Haller, and is quoted by Camerer in a tract, "De Signis Mortis Diagnosticis, Strasburg, 1785." For cases, see Paris, Medical Jurisprudence, vol. i., p. 360. Male, Forensic Medicine, p. 267. Hennen's Military Surgery, p. 466. ² Beck's Medical Jurisprudence, p. 81.

let it be washed. The causes assigned for producing the disease, and the rapidity with which the symptoms have presented themselves, should also be noticed.

It is hardly necessary to state, that the surgeon must, in all cases, where the slightest doubt exists, take the side of mercy. Some unknown and unexpected predisposing cause—such as hypertrophy of the ventricles, and organic changes on the right side of the heart, aneurism of the aorta, or disturbances of the respiration, may induce a degree of faintness or actual syncope in individuals, whom we may presume to be little likely to faint on the occasion of some slight exciting cause.

It is well remarked, that it is better that we should be a thousand times imposed upon, than that a fellow creature should be punished, while labouring under a severe disease, to say nothing of the risk of death occurring, if the syncope is real.¹

PALPITATION.

This disease has been frequently excited, as well in our own as in the French service. Both internal and external means have been employed to excite this affection. By means of ligatures bound tight round the neck and upper part of the arms, the circulation has been greatly disturbed, and the intention of simulators nearly effected.

It is alleged, that palpitation of the heart may be excited by strong compression on the abdomen, by means of a tight bandage, such as the waistband of a pair of trowsers. A case is related by Professor Schmidt, of a young engineer officer, in the Austrian service, who adopted this means for the purpose of being permitted to retire from the army with a pension. There is no doubt that constant palpitation, and even hypertrophy of the heart, may be brought on by girthing the waist tightly, and using violent exercise, as the dumb bells. Dr. Hope mentions such a case occurring in a military officer.²

¹ Cyclop. of Pract. Med., vol. ii., p. 154. ² Cyclop. Pract. Med., vol. iii., p. 233.

Dr. Hennen relates a most interesting case of violent palpitation of the heart, which was produced by the man's own efforts. Dr. Hennen found that he could at any time render the affection very imperfect by throwing the patient's head back, so as to destroy that voluntary combination of muscular action which he believes to have produced the palpitation. "We must suppose," says he, "that this person had the power of throwing the muscles which narrow the chest into sudden and strong action, at the moment when the apex of the heart made its stroke upwards." It may be useful to mention, that a temporary functional derangement of the heart, and consequent palpitation, is not an unfrequent affection among soldiers, more particularly young recruits, before they are dismissed from drill; especially for some time previous to an inspection, when the men are kept long under drill.¹

In such cases of palpitation produced by physical causes the differential diagnosis will be most difficult, because in these affections the palpitation consists merely in an increase of both the force, and the frequency of the heart's action, the physical characters of the impulse and sounds being simply an exaggeration of those which are presented by the heart, when in a state of calm.

Marshall believes that palpitation is sometimes produced by the immoderate use of tobacco, without any intention of thereby exciting the disease; but there is too much reason for suspecting that this substance is occasionally employed for the specific purpose of simulating an affection of the heart. It may be added, that simple palpitation may be excited, in some individuals, by the irritation which garlic, tobacco, and other similar substances, produce when placed in the rectum.²

The gross resources mentioned above, ought seldom or never

¹ Coche instances certain inspections of the troops which keep the soldiers under arms from daybreak till twelve or one o'clock; and often produce palpitation, p. 253.

² Coche de l'Operation Médicale du Recrutement, p. 254. Beck, Medical Jurisprudence, p. 6. Marshall on the Enlisting, &c., p. 111. Ed. 1839.

to impose upon the physician. The appearance of the experimenter, and temporary fever which is present, are properly, to the attentive observer, the clearest means of putting him in the way of truth.

It is necessary to have regard to the manœuvres of some men, more adroit or better informed, who pass the entire night sitting up, drinking a strong infusion of tea, especially before they are to be examined.¹ Such individuals, however little nervous in their temperament, never fail to offer at the visit a pale countenance, with much palpitation, "but not of a tumultuous or convulsive character," with apparent difficulty of breathing, &c. These are the symptoms really susceptible of provocation, against which we ought to be continually on our guard, for they have sometimes imposed even upon medical men.

To ascertain thoroughly the state of individuals who have palpitation, they must for some time be left to repose; and time must be afforded them to be quite calm before proceeding with the examination. Such cases of nervous palpitation we may discriminate from the organic, by its not being excited, but, on the contrary, relieved by corporeal exercise, of such a nature as would certainly disturb the action of a diseased heart; by the fluttering in the epigastrium, by the general prevalence of the nervous symptoms; and by its being *intermittent* in place of *continued*.

A long-continued probation is necessary before a man be recommended to be discharged on account of an obscure affection, and particularly of this class of diseases.²

The signs obtained by the sight, (visible impulse, &c.,) the touch, the percussion, and the immediate application of the ear to the chest of the patient may be useful; but above all, the stethoscope will enable us to distinguish all the varieties of the movements of the heart; the extent and intensity of the impulse whether in a state of health or disease; and will, in most cases,

¹ Coche, de l'Operation Méd. du Recrutement, p. 255. ² Marshall, Enlist., &c.

enable us to arrive at a conclusion pretty near the truth. It is to such a disease as this, I think, that the remark of the Medical Board applies most strongly, viz. "that we must not mistake sympathetic for idiopathic symptoms."

ANEURISM OF THE HEART, AND PERICARDITIS.

I originally intended separating these two articles, but as in the immense majority of cases, (proved by the extensive pathological observations lately made on this subject,) pericarditis precedes hypertrophy, as well as most of the other diseases of this organ, I am induced to place them both under the same head. In the French armies, during the time that the conscription laws were most rigidly enforced, this as well as many other forms of severe disease which were simulated with the view of obtaining exemption from service, and were adopted by the conscripts, appear to have been suggested by persons well acquainted with disease.

The number of young men exempted from military service on account of feigned hypertrophy, is greater than would be suspected. Aneurism of the heart, simulated in some particulars of its general symptoms, is no longer rare.¹

It would appear, from the testimony of several authors on the complaints of soldiers and seamen, that these persons are in possession of powerful means of deranging the functions of the heart, and even producing disease of that organ.

There is little doubt that much of the difficulty in the diagnosis of many of these cases arises from the affection being in some measure induced by the means used to excite it. At first, more or less pericarditis, and perhaps afterwards, really hypertrophy, or dilatation of the heart. We have too many cases in which a severe palpitation, and some hypertrophy, have been induced by the exciting means, not to give credence to this belief.

¹ Coche, de l'Operation Médicale du Recrutement, p. 256.

The means employed to simulate affections of the heart are various : sometimes ligatures are placed tightly round the inferior part of the neck, and also round the upper part of each arm.¹ Simulators, in whom the puckering of the skin concealed the ligature, have nearly succeeded by this means.² In such cases, the face becomes livid and swollen, the eyes injected, the lips inflated, &c. I do not think that the attentive practitioner should ever be deceived by such means.

Violent exercise, and severe blows against the parietes of the chest, over the præcordial region, have been employed to simulate, but, in reality, have been productive of the disease.³ Coche relates two cases in which violent exercise procured for the individuals their exemption from military duty ; but I am inclined to think that, in the cases referred to, pericarditis was brought on by the violence employed.

Palpitation of the heart became epidemic among the men of the Marine Artillery in 1821 or 1822 ; and if proper information is obtained, it was also prevalent in a regiment of the line about the same time, whereby a number of men were invalided. Dr. Quarrier, surgeon to the Marine Artillery, informed Mr. Marshall, that when the affection appeared in this corps, it was, for a considerable time, attributed to hard drill at the great guns, and subsequent exposure to cold. From the disease spreading to some of the marines in the same hospital (Haslar), suspicions were entertained that the disease was artificially excited, and many unsuccessful attempts were made to ascertain the nature of the means employed. The secret was at last obtained by confession, and the drug employed was found to be the *veratrum album*, or white hellebore : the ordinary dose was about ten or twelve grains, or as much as could be raised upon a sixpence, which was repeated, so as to occasion general indisposition, and an undue action of the heart.

¹ Dict. des Sciences Médicales, t. li. p. 326. Orfila, *Léçons de Médecine Légale*, vol. i. Cyclop. Pract. Med., vol. i., p. 138. Coche, de l'Operation Méd. du Recrutement, p. 260.

² Dict de Sciences Médicales, t. li., p. 327.

³ Coche, de l'Operation Médicaie du Recrutement, p. 256.

One man died from the poisonous influence of the hellebore. The practice was introduced by a man who had been servant to a veterinary surgeon, and by him employed to compound the medicines : the charge per dose was 3d. or 4d. ; for the secret, 3s. 6d. The epidemic ceased soon after the means by which it was produced were discovered ; but that was not till many men had been discharged, who were afterwards found efficient soldiers in other corps.

The men at Fort Pitt, where the disease was epidemic for some time, and where it was introduced by one of the Marine Artillery, used to make their wives purchase the drug, generally in the quantity of from $\mathfrak{z}i.$ to $\mathfrak{z}ij.$ And it seemed that $\mathfrak{z}i.$ was the usual quantity administered, to produce decisive and immediate symptoms.¹ This excites vomiting, purging, syncope, tremors, and extreme nervous irritability, and is succeeded by great arterial action and violent cardiac agitation, leaving a great degree of debility, and sometimes a disposition to paralysis. For the more slow and progressive mode of deception, a very small quantity (from four to ten grains) is used in beer, day after day, until the stomach is thrown into a state of derangement, and much nervous irritability is produced.

In many cases, I have no doubt that hypertrophy of the heart, with constant palpitation, may be ultimately really produced by such means.

A knowledge of the symptoms which this drug occasions will be of much use to the practitioner in discovering cases of cardiac agitation produced by such means. Many of the symptoms are well described by Dr. Quarrier, in Hutchison's work.

The patient complains of nausea, succeeded by incessant and violent vomiting and purging ; extreme pain at the pit of the stomach ; severe headach ; excessive weakness and inability to move ; frequent tremors, coldness, terror, and anxiety ; the features become pale and shrunk, the eyes sunk, the tongue

¹ This drug is most uncertain in its action, and it is constantly adulterated in the shops. Small doses sometimes producing the most violent symptoms ; sometimes so much is it adulterated that $\mathfrak{z}i.$, and even $\mathfrak{z}ij.$ have been taken. Oftentimes, had not remedies been employed, patients would have destroyed themselves.

tremulous, the skin covered with a cold clammy perspiration ; there is scarcely any pulsation at the wrist, the circulation is extremely irregular and disturbed ; the patient often moans and groans immoderately, until overcome by repeated fits of syncope.

After a time, reaction commences, when these symptoms are followed by violent throbbing of the temporal arteries, excessively strong palpitation, great epigastric pulsation, heat, thirst, *rawness of the fauces, and some enlargement of the tongue*,¹ which is loaded and tremulous ; the eyes are fiery, and the face flushed. On applying the ear to the chest, there is heard a distinct rushing sound, as if the valves of the larger vessels were broken down, and produced regurgitation. The recovery is generally slow and progressive, leaving much debility, nervous agitation, and palpitations. In almost all the cases of poisoning by this drug which I have found related, I have observed, that besides the usual symptoms of narcotism, there is a peculiar expression of the countenance, in which is depicted horror, tremor, and distress, as well as *rawness of the fauces, and some enlargement of the tongue*. This fact will afford strong corroborative evidence in suspicious cases.

In November, 1823, there were three suspicious cases of this affection in Fort Pitt hospital, belonging to the 13th regiment. They were stripped naked, and removed to a ward, where they were carefully secluded from external communication ; after a lapse of a period of about six or seven days, they applied to be permitted to return to their duty ; and upon investigation all undue action of the heart had ceased.

Total seclusion, so as to render it impossible for a man to procure drugs, and coming upon him unawares for the purpose of ascertaining the state of the circulation, will commonly afford strong presumptive evidence of the soundness or unsoundness of the heart, and whether artificial means have been used to excite palpitation.

¹ Christison on Poisons, p. 745 ; Schobel, Thesis, Tubingen, 1817, De Effectibus Veratri Albi ; Rust's Journal, vol. xiv., p. 547 ; Horn's Archives für Mediz. Erfahrung, 1825 ; Schuster's Med. Jour. ; Beytrage zur Gerichtl. Arzneik, vol. iv. p. 547.

Such means would I recommend for the detection and cure of similar cases in future. Where external violence was suspected of being employed, redness of the præcordial region ought to be considered a very suspicious appearance.

In terminating this article, it is necessary to remark that in this, more than in most other diseases, do we require to be constantly on our guard, lest we mistake sympathetic phenomena for symptoms indicative of organic disease. The sympathy of the heart with the other organs of the body is sufficiently well known, and sufficiently important to merit our most attentive consideration, in order that we may distinguish the different cases, and not pronounce rashly upon exemption or discharge from service. These symptoms being known to, or easily to be learned by every well informed physician, I will not presume to trouble the reader with their enumeration.

EXCITED CIRCULATION.

The action of the heart and arteries is often fraudulently excited or depressed. Cheyne is convinced that many soldiers have a power of quickening their pulse, and giving violence to the heart's pulsation; and is persuaded that soldiers have some other means than hellebore to produce this effect, as, at the visit, he has frequently found it 120 or 130, and in a quarter of an hour after, coming unawares, he has found it 30 or 40 beats lower. Probably some have a voluntary power of increasing the pulsations of the heart. Copland says that some persons acquire this power;—at any rate, they must use more manageable narcotics than hellebore.

Hennen mentions that various stimulants are employed for the purpose of exciting the action of the heart. The same violent means, in a less degree, as are used to produce palpitation and hypertrophy, will produce an accelerated circulation.

Seamen are said to produce such a temporary quickness of the pulse by striking the elbow forcibly against a beam of wood; and

this state they quaintly term the elbow fever.¹ This trick was lately attempted in the gaol of Edinburgh. At the Manchester New Bailey, old offenders at the morning examination frequently have recourse to this means of producing an accelerated and intermittent pulse, to avoid hard labour at the tread-mill.

It would be needless to mention the various stimulants that may be employed for this purpose.

Isolation will detect the use of drugs; and examination of the pulse during sleep, the use of temporary measures.

DIMINISHED CIRCULATION.—It is by no means an usual thing for the action of the heart to be artificially depressed.¹ Tobacco has been used for this purpose.² Tartrate of antimony has also been employed;³ and it is well known that digitalis, when taken internally, causes this effect.⁴ Indeed all old medical officers in the army and navy know that these means are familiar to the skulkers and malingerers of both services. Fallot mentions the case of an individual who for fifteen days took digitalis. Not only did his colour vanish, and his countenance become sunken and altered, but the movements of the heart became irregular, and at the slightest movement he was threatened with syncope. He easily obtained his exemption; but he was a long time in recovering the state of good health which he had so rashly compromised. In all cases, however well a medical man may be informed, not only in his profession, but in the ruses of simulators, it will be very difficult to avoid falling into the snare.

The pulse is sometimes found extremely weak; and it is not unusual for it to cease in the radial artery,⁵ on taking a full inspiration, and continuing to retain the breath as long as pos-

¹ Beck, Med. Jurisp., e. g., the case of Moor Smith, p. 9; Cyclop. Pract. Med.; also Hennen, Mil. Surg.; Dr. Traill, Lectures on Med. Jurisp., Univ. of Edinburgh.

² *Advertendum est, nonnullo sibi pulsus aliquo artificio solitos immutare vel penitus abscindere.*—Zacchias, *Questiones Medico Legales*, lib. iii., tit. 2: Quest. 2. 8.

³ Hennen, *Military Surgery*. *Cyclopedia of Practical Medicine*. ⁴ *Cyclopedia of Practical Medicine*. ⁵ *Dict. des Sciences Méd.*, art. *Simulation*, t. ii.

⁵ Beck, *Med. Jurisp.* Hennen, *Military Surgery*. Male, *Forensic Medicine*

sible.¹ The learned and ingenious Dr. Parry, in his *Elements of Pathology*, states, that the pulse in these arteries has been suspended for several days. Occasionally this effect is produced by the application of tight ligatures;² sometimes by pressing the fingers on the arteries under the armpits.³

Beck knows a case where an individual, by calling into action the muscles of his thorax and arm, could stop the pulse at the wrist. Deceit of this kind would be detected by feeling the arm above the elbow.

Whenever deceit is suspected, the pulse should be felt at the temporal or carotid arteries, under the pretext of saving the patient the trouble of taking his arm from under the bed-clothes;⁴ or else both wrists may be felt at the same time, when a difference in the force of the pulsation will be perceived, which will quickly lead to examination of the cause and detection.

ASTHMA

has been simulated; and though, in its incipient stage, it might exist without well marked external signs, yet to the stethoscopist there will seldom be any difficulty in detecting the presence and amount of the disease. At any rate I would not recommend any man to be discharged unless the asthmatic formation of the chest and emphysematous respiration were present. Coche states, that the imitation of asthma would be laughable, if it were not deplorable. I suppose he refers to the unfortunate consequences sometimes arising from the attempts at simulation; for he states, that some young men, in the hope of representing the essential symptom of this affection (dyspnœa) have occasioned severe palpitations, and other consequences, which have sometimes been fatal to the simulators; in some instances their attempts have brought on hypertrophy of the heart. In all such cases, the dyspnœa, palpitation, and other symptoms capable of simulation and of excitement will avail nothing, un-

¹ Hennen, *Military Surgery*, p. 466.

² Male, *Forensic Medicine*. ³ As happened in the Roy. Infirmary Ed. Beck, *Med. Jur.*, p. 5. ⁴ Dunlop. Beck, *Medical Jurisprudence*.

less, on protracted examination, we also find those signs which are incapable of imitation; as the peculiarities indicative of diseased respiration, and an organic affection of the heart.

OPHTHALMIA.

The subject of ophthalmia is confessedly one of the greatest importance to which the attention of a military surgeon can possibly be directed.¹ This is proved by well authenticated facts. In an excellent publication on this disease, by Dr. Vetch, formerly of the 52nd regiment, he states, that in the 2nd battalion of this regiment, consisting of about 700 men, 636 cases of ophthalmia were admitted into the regimental hospital, between August, 1805, and August, 1806; of which number 50 were dismissed with the loss of both eyes, and 40 with that of one. It appears also, that in little more than five years from the appearance of the disease in the 52nd regiment, there were 2,317 soldiers, a burden on the public, from blindness occasioned by ophthalmia. Sir George Ballingall used to state in his lectures,² that of the losses which armies have sustained by disease, few have ever been such a source of regret to commanding officers, or of vexation and disappointment to surgeons, as that from ophthalmia; which for the last thirty years has, in many instances, rendered whole regiments, for a time, ineffective, and has entailed an unheard of expense on the country.

It has been seriously questioned how far the British epidemic was spread by contagion, or had anything to do with Egyptian ophthalmia. Why was the disease so exclusively confined to particular regiments and garrisons? Why were women nearly, if not wholly, exempt from it? Why did the disease become more prevalent and severe after the passing of Mr. Windham's act, by which every man who was discharged as dis-

¹ At least such is the estimation in which it is held by Sir George Ballingall, as stated in his work on Military Surgery, p. 426. ² University of Edinburgh, 1835-6.

abled was entitled to a pension? And why were the soldiers of the French army not affected, after their return home, with what we call Egyptian ophthalmia?

OPHTHALMIA TARSI.—Any irritating substance can bring on, by its immediate application, inflammation of the free margin of the palpebræ, and determine ulceration. The falling out of the ciliæ is the result. But the inflammation thus excited being extended to the mucous membrane of the eye, the provocator often pays dearly for his imprudence. The falling out of the eyelashes is very difficult, if not impossible to simulate; but the appearance of their complete loss is, more or less, effected by voluntary extraction. The circumstances which indicate fraud in such a case are, a healthy colour of the skin and firmness of the muscles, the physiological state of the glandular system, and a lively countenance. On the contrary, a soft complexion, the predominance of the lymphatic system, the more or less complete absence of the eyebrows, an habitual state of ophthalmia, relaxed palpebræ, with chronic tumefaction of their borders, an excessive waxy secretion, and ulceration of the Meibomian follicles, exclude all idea of voluntary extraction.

Sometimes caustic is applied to the place whence the ciliæ have been withdrawn.¹

It is difficult to recognise fraud when carried to this extent. Still it is necessary for the proof of the affection, that the disease be of a chronic character; that the skin of the palpebræ should have preserved its colour and its wrinkles; and that they, especially the inferior one, should be in a state of relaxation. One should also take into account the appearance of the wrinkles like the goose's web at the corners of the eyes, produced by the constant winking of the eyes.

For the irritating substances employed, see next article.

¹ Cyclop. Pract. Med. Marshall, Hints. Copland, Dict. Pract. Med. Dict. des Sciences Méd., &c. Mackenzie on the Diseases of the Eyes, p. 562.

OPHTHALMIA MEMBRANARUM, CONJUNCTIVITIS.—A great number of men used to be discharged every year from the army on account of loss of sight. During the year 1818, 477 were discharged and pensioned in consequence of impaired vision. There can be little doubt that a considerable number of the disabilities for which these men received pensions were factitious.

The Irish are either particularly liable to diseases of the eyes, or more frequently than either the Scotch or English simulate affections of these organs; since in the table of discharges from 1823-4 to 1828 inclusive:—

The average of Irish discharged was 1 in 237.

Ditto Scotch and English 1 in 398.¹

For a considerable period, partial or total loss of vision was in an especial manner considered to confer a claim to a large pension for life. The bounty of government, however, certainly operated as a premium to fraud, and an encouragement to self-mutilation. Though humane in its intentions, it was most destructive in its operation, both to the morality and efficiency of the soldiers.

In order to check the practice of exciting disease, and to prevent the evils of inefficiency and an overburdened pension list, the Secretary at War issued several very judicious regulations. According to the 15th article of the Pensioning Regulations, no soldier is to be discharged on account of impaired vision, provided the sense of sight is perfect in one eye. This rule will have an excellent effect in discouraging the practice of mutilating the organs of vision; for though many a man might destroy one eye, there are few who would not hesitate to produce total blindness. It is proper to observe, that previously to the year 1828, it was customary to discharge a soldier when he became blind of one eye, and to award him a pension of ninepence per diem, without reference to length of service.

¹ Marshall on the Enlisting, &c., p. 109.

The 19th article of the Pensioning Regulations, if it be strictly and judiciously observed, is also eminently calculated to check the practice of voluntary mutilation:—"Whenever a case of total or partial blindness shall be involved in so much doubt as to have been reported to a court-martial by a medical officer to be a suspicious case, the commissioners shall deal with it as to them may seem most just. But in every case in which it is proved that a soldier has tampered with his eyes, or that his loss of sight has been caused by vice, intemperance, or other misconduct, and that his character is bad, instead of being discharged on a pension, he shall be detained in an eye infirmary, or shall be sent home to his parish, or dismissed without a pension."

Factitious inflammation of the eyes was at one time carried to a great extent in the British army. In the "Evidence before the House of Commons," it was proved, that a large proportion of several hundred cases of ophthalmia was produced by gonorrhœal matter. On such a subject as this, we cannot often expect to receive demonstrative evidence; the utmost at which we can commonly arrive is a strong presumption only that artificial means have been used. But Marshall states, that instances have occasionally occurred, where the evidence was sufficiently strong to warrant conviction; and he brings forward the case of a soldier who employed another to destroy his eye with a common table fork, and who was seen submitting to the operation by the surgeon to the regiment.¹

Ophthalmia was very frequently excited by the French conscripts. During the late war, no fewer than 12 per cent. of the inefficient conscripts belonging to the department of the Seine, during a period of ten years, were rejected on account of impaired vision, and diseases of the eyes.² During the first ten or fifteen years of the present century, inflammation of the

¹ On the Enlisting, &c., of Soldiers, 1829.

² Cyclop. Pract. Med., vol. ii., p.148

eyes prevailed to a great extent in some regiments of the British army. Sir George Ballingall states, that in the year 1809, 300 men, of two regiments on duty at Chelmsford, became affected with ophthalmia.¹

As soon as a regiment is ordered to the West Indies, or any other not very popular station, disease of the eyes very frequently appears among the men, and continues till the corps is embarked. It is extremely seldom, however, that a case occurs where the evidence is sufficiently strong to warrant a court-martial in convicting a man.

In many of our public establishments, the practice of exciting ophthalmia for the purpose of procuring some desired end is perfectly understood, and is frequently resorted to. In the London Orphan Asylum, I have not unfrequently found the children aggravating a catarrhal ophthalmia, or protracting their cure, for the purpose of remaining in the hospital and avoiding school. In a public establishment in India, the name of which I am not at liberty to mention, on a statement from the surgeon that the ratio of sickness was very great, and arose from the unhealthiness of the situation, it was found on investigation, by a board of medical officers, that considerably more than 500 in 900 cases of illness were cases of ophthalmia, and that the disease was extensively excited by introducing tunam (a species of lime) into the eyes.

Inflammation of the eyes may be excited, but is never simulated. The means employed for this end either produce no effect, or they lead to the reality of the disease. For the production of this result, it is necessary that they be continued a sufficiently long time, in which case the experimenter stands the chance of losing his sight.

The means employed are gonorrhœal matter,² various acid and corrosive substances, as acids,³ chiefly the nitric,⁴ corrosive

¹ See also, *Ed. Med. and Surg. Journ.* vol. xxxviii., p. 139. Scott, Cheyne, &c.

² See Evidence before Committee of House of Commons on Ophthalmia.

³ Marshall, on the Enlisting, &c.

⁴ Mackenzie, on the Diseases of the Eye, p. 560. Beck, *Med. Jurisp.* Cheyne, *lib. et loc. cit.*, p. 130.

sublimate,¹ lime,² a kind of lime called tunam is also frequently employed for this purpose.³ Sometimes particles of the lime are found adhering to the lower fold of the conjunctiva,⁴ pepper,⁵ snuff,⁶ tobacco-smoke and juice,⁷ salt,⁸ alum,⁹ powder of the root of euphorbium,¹⁰ &c. Sometimes the disease is brought on by the exposure of the eye (especially the right) to a concentrated blast of air, such as that which passes through a hole in a shutter, or any other perforated body.¹¹ Sulphate of copper has been used,¹² as also nitrate of silver,¹³ cantharides ointment,¹⁴ and spirits of turpentine, foreign bodies such as woollen cloth,¹⁵ and a portion of black muslin has been spread over the cornea.¹⁶ Urine has also been employed,¹⁷ probably, however, without effect, as the eye will endure with comparative impunity the application of very stimulating substances in a fluid state, such as spirit, juice of lemon, &c. Mechanical irritation by hard bodies,¹⁸ and extraction of the ciliæ,¹⁹ have

¹ Marshall, Ed. Med. and Surg. Jour., vol. iv. Ballingall, Mil. Surg., p. 581. Beck, lib. cit., p. 22. Hennen, Mil. Surg. Mackenzie, lib. cit., p. 560.

² Hutchison, Surg. Observ. Mackenzie, lib. cit.

³ Dr. Mortimer, Hon. E. I. Company's Service, Madras.

⁴ Marshall, on the Enlist. Beck, lib. cit. Isfordink, Militarische Gesundheit Polezei. Copland, Dict. of Pract. Med. Cyclop. Pract. Med. Ballingall, lib. cit., p. 581.

⁵ Coche, de l'Operation Médicale du Recrutement, p. 111.

⁶ Isfordink, lib. cit. Mackenzie, lib. cit. Marshall, lib. cit., &c. Copland, Dict. of Pract. Med. Cyclop. Pract. Med. Sir James Clark, viva voce. Sir Geo. Ballingall, lib. cit., p. 581.

⁷ Hutchison, lib. cit. Mackenzie, lib. cit. Sir Geo. Ballingall, lib. cit., p. 581. Percy and Laurent, Dict. des Sciences Méd. Isfordink, lib. cit. Marshall, Hints, &c. Cyclop. Pract. Med. Beck, lib. cit., p. 22.

⁸ Copland, lib. cit. Mackenzie, lib. cit., p. 560. Marshall, lib. cit., Beck, lib. cit., p. 22. Cyclop. Pract. Med. Percy and Laurent, Dict. des Sciences Méd.

⁹ Hutchison, lib. cit. Beck, lib. cit., p. 22. Copland, lib. cit. Cyclop. Pract. Med.

¹⁰ Coche, de l'Operation Médicale du Recrutement, p. 111.

¹¹ Coche, lib. cit., p. 109.

¹² Marshall, Hints, &c. Mackenzie, lib. cit., p. 560. Beck, lib. cit., p. 22.

¹³ Marshall, Hints, &c. Mackenzie, lib. cit., p. 560.

¹⁴ Beck, lib. cit., p. 22. Marshall, Hints, &c. Cantharides in any form suddenly induces a great degree of chemosis, with swelling of the eyelids, and most violent itching. Mackenzie, lib. cit., p. 560. ¹⁵ Marshall, Hints, &c. Mackenzie, lib. cit., p. 560.

¹⁶ Marshall, Hints, &c., p. 112. Percy and Laurent, Dict. des Sciences Méd.

¹⁷ Isfordink, lib. cit. ¹⁸ Cyclop. Pract. Med.

¹⁹ Marshall, on the Enlisting, &c. Cyclop. Pract. Med.

been resorted to. The means of detection consist in the morbid appearances presented, and the accessory circumstances to be mentioned.

The symptoms produced by the use of the substances above-mentioned, will be purely inflammatory, varying in their intensity in proportion to the activity of the substance employed, the caustic applications will, in addition to the inflammation, produce an eschar of the part subjected to their action.

The effects of an irritant applied to the surface of the eye are seen upon the conjunctiva after the lapse of a few hours ; the membrane becomes covered with a net work of injected vessels, accompanied with a painful sensation, increased on motion. If the irritating cause be removed, and no fresh application of it made, these symptoms will gradually subside, and a profuse secretion will flow from the surface of the inflamed membrane ; or the pain and redness will become more considerable, and go on to sanguineous effusion, suppuration, or ulceration. These processes of injection, inflammation, and suppuration, succeed each other in a regular course, towards a cure or to ulceration, when uninterrupted by external influences, &c. When, therefore, it is found that under antiphlogistic treatment, and in the absence of all assignable cause, repeated attacks of conjunctival inflammation occur, the surgeon will have just grounds for suspecting the ophthalmia to be factitious. Since, although the inflammation may subsequently extend to the sclerotic, the cornea, or the iris, the conjunctiva is the only tissue in which inflammation can be primarily produced by the agency of the patient ; the morbid actions, also, which it is in his power to excite, are limited to simple increase of action, which, according to the remedial power possessed by the vessels of the part, may or may not proceed to actual inflammation. The action of caustics is here left out of the question, since the eschar which they produce is readily cognisable, as is also the action of nitric acid by the yellow stain which results from its application ; but the foregoing re-

marks apply equally to the progress of the inflammation consequent on their caustic action upon the tunics of the eye.

It is related by Dr. Fallot, that sulphuric acid has been thrown on the face by soldiers who intended to destroy their eyes. The instinctive closure of the eye-lids has prevented the success of the experiment.

In order the better to point out the difference between the real and the excited ophthalmia, the following circumstances may be contrasted. The factitious affection is almost entirely confined to the privates and non-commissioned officers, while the real disease, if it occur in an epidemic form, equally attacks women and children, being also frequently communicated to the officers, both military and medical.¹

The counterfeit affection is not arrested by even the most vigorous preventive measures, while the real is often speedily arrested by isolation immediately on the appearance of the disease, with the other measures to counteract infection.

The counterfeit disease is, for the most part, confined to one eye, and that the right;² while in the real, Dr. Vetch has only seen six cases out of a thousand where both eyes were not affected.

Dr. Hennen (p. 465) remarks, that a left-handed man would probably inflict the injury on the left eye;³ and that when we find in any suspected corps the right eye universally affected, there is reasonable ground for supposing that some deleterious substance has been put into the eye.⁴

This explanation of Dr. Hennen's I am inclined to doubt being correct; as blindness of the right eye is of more

¹ Dr. Vetch, in *Ed. Med. and Surg. Jour.*, vol. iv., p. 157. Sir Geo. Ballingall, *Military Surgery*, p. 582. Mackenzie on the *Diseases of the Eye*, p. 561.

² Copland, *Dict. of Pract. Med.*, v. i. p. 890. Mackenzie, *lib. cit.*, p. 561. Sir George Ballingall, *lib. cit.*, p. 582. Beck, *lib. cit.*, p. 22. *Ed. Med. and Surg. Jour.*, vol. iv., p. 158.

³ *Military Surgery*, p. 465.

⁴ Vide Sir George Ballingall, *lib. cit.*, p. 582.

consequence than the left, from its being the eye with which the soldier takes aim.¹

The counterfeit disease is sudden in its progress,² generally commencing and arriving at its acmé during one night ; while the natural disease advances by a gradual and uniform progress after its first commencement.³

In the counterfeit, the swelling is chiefly in the conjunctiva, and not accompanied with any swelling of the palpebræ ; while the tumefaction of the palpebræ, and great purulent discharge, are peculiarly characteristic of the true purulent ophthalmia.

The artificial ophthalmia generally ceases when the vision of the eye is rendered imperfect ; while the infectious disease continues to harass the patient for months after the destruction of the eye, and the purulency and tendency to relapse often remain for years.

As the counterfeit disease is confined to one eye, so is the loss of sight ; while in the true, the loss of sight most frequently affects both eyes.

There is seldom much organic alteration resulting from the counterfeit ; while in the real, the organ is generally completely deformed from one cause or another. The foregoing observations may be introduced in a tabular form thus :—

¹ See also Cyclop. Pract. Med., vol. ii., p. 149. Dr. Traill likewise doubts this explanation to be the true one. Lectures on Med. Jurisp., Ed. University, 1836—7.

² Mackenzie, lib. cit., p. 567. Beck, lib. cit., p. 22.

³ Copland, Dict. of Pract. Med., vol. i. p. 890. Cyclop. Pract. Med., vol. ii., p. 149.

PURULENT OR CONTAGIOUS.

1. May be traced to contagion.
2. Attacks officers, privates, women, and children indiscriminately, according to the facilities of communication.
3. Arrested by measures adopted to isolate those affected.
4. The inflammation generally extends to the cornea and sclerotic coat.
5. Nearly always attacks both eyes. Loss of sight most frequently affects both eyes.
6. Has an intermittent character, its attacks are always about bed-time or in the morning, and advances by a gradual and uniform course.
7. The palpebræ are swollen to such an extent that they are frequently everted.
8. The discharge is puriform from the commencement.
9. The pain and intolerance of light are not proportionate to the redness.
10. A disposition to chemosis is evident from the first, which sometimes attains a great size.
11. Is not always controllable by remedies.
12. In many cases the eye is completely destroyed by staphyloma, or discharge of the humours, or other organic change.
13. There is a great tendency to relapse, especially on increased atmospheric humidity.

CATARRHAL.

- May be traced to exposure to cold or wet.
- Attacks officers, privates, women and children, according to predisposition and exposure to atmospheric influence.
- Varies with atmospheric changes.
- Inflammation rarely extends to other parts of the eye than the mucous membrane.
- Generally attacks both eyes. Seldom proceeds to loss of sight.
- Pursues a regular course of about five days, and corresponds to catarrhal affections of other mucous membranes.
- The lining of the lower palpebra never wholly loses its natural colour.
- The discharge is limited to mucus for the first five days.
- The pain and intolerance of light are inconsiderable.
- The vascularity never passes into true chemosis.
- Yields readily to mild treatment.
- Never proceeds to sloughing of the cornea.
- Little liable to relapse.

FACTITIOUS.

- Not ascribed to any adequate exciting cause.
- Confined to the privates and non-commissioned officers.
- Continues to spread after the use of the most active measures to prevent contagion.
- Generally limited for some time to the conjunctiva.
- Generally confined to the right eye. Loss of sight confined to one eye.
- Advances with extreme rapidity, generally reaching its acme during the night.
- The inflammation is diffused regularly over the whole mucous membrane.
- The discharge is at first wholly lachrymal.
- The pain is proportionate to the extent of the inflammation.
- Chemosis rarely occurs.
- Yields readily to treatment *as soon as vision is impaired.*
- Much organic change in the structure of the eye is seldom produced.
- Generally ceases as soon as vision is impaired.

The agency of insoluble substances, such as snuff, pepper, lime, in exciting ophthalmia, may frequently be proved by portions remaining entangled in the mucous membrane.

Hennen states, that in some cases a surgeon was led to suspect and afterwards to detect imposition, from the depth and defined edges of the ulceration. On minute examination of the person of the patient, a paper of corrosive sublimate was found in his possession, with some manuscript directions for its use, in which it was recommended to put a minute portion of this substance into the eye on going to bed—to repeat it every third night, and to be cautious not to put too much, lest the eye should be destroyed. There was also annexed to this prescription, a form of receipt for removing the artificial disease thus produced; it consisted of a decoction of parsneps and clover softened by boiling, which was to be applied to the part, and to be continued to it during the night.”¹ It is remarkable that the leeches which were applied in these cases died almost immediately, giving reasonable ground for the supposition that they were poisoned by mercurial solution.

When, from the appearance and progress of the ophthalmia, the medical officer finds reason to suppose that it has been artificially produced, the persons affected with it, should, without any previous intimation, be marched at night into a ward prepared for them, to which no one must be admitted but those in whom confidence can be placed; the men being in this way secluded from all access to irritating substances, will be unable to retard their progress towards recovery, which will then quickly take place if the disease has been factitious.

Mr. Marshall mentions two cases where detection was complete; in the one, arising from the discharge of a whitish fluid from the eyes, with the discovery of a small packet of lime and common salt in the bed of the simulator; in the other,

¹ Vide Sir Geo. Ballingall, *Military Surgery*, p. 437.

from the man being observed in the act of applying sulphate of copper.¹ He also states that he knows numerous instances where presumptive evidence was very strong; especially where, on suddenly removing those affected in the middle of the night, and on examining their beds, the substances before-mentioned were found. Sir George Ballingall relates, that of those simulating ophthalmia at Chelmsford, two hundred and fifty were rapidly cured by this means.² The most effectual means of counteracting attempts to injure the eyes by the application of noxious substances, is the seclusion of the suspected individuals; where perfect seclusion cannot be obtained, as in the navy, a strait waistcoat has been used to prevent the patient tampering with his eyes; handcuffs are sometimes necessary for the same purpose.

With the view of preventing the patients having access to their eyes, head-pieces of tin-plate, so constructed that when put on they could be secured by means of a lock and key, were very successfully employed.³ Marshall thinks that this head-piece is obviously much less objectionable and more effectual than the sealed bandages recommended by Isfordink.⁴

It is, in general, easy for a medical officer to decide, in a chronic case of this affection, whether a soldier has so far lost the power of vision as to be rendered unfit for the service. But it is often extremely difficult for him to decide in regard to the cause of the impaired vision; in other words, whether the loss of sight is a consequence of *artificially* excited inflammation; the sources of deception being so manifold. Much difficulty has been found from the men, before examina-

¹ On the Enlisting, Discharging, &c.

² Military Surgery, p. 581.

³ Sir George Ballingall, p. 582. Marshall gives instances, in his work on the Enlisting, Discharging, &c., p. 105.

⁴ Militarische Gesundheit Polezei. In the Low Countries, though a man is unfit for the service of the infantry by the loss of the right eye, he may serve in some other capacity.—Kirckhoff, Hygiène Militaire, p. 18.

tion, introducing a quantity of common salt, or some other *soluble* irritating substance, into their eyes.

To prevent being duped by these means, it is frequently necessary to examine the men more than once, and at periods when they have not had time to prepare for inspection.

WHITE SWELLING.

The physical characters of white swellings of the articulations, render superfluous any remarks on attempts to *simulate* them. The disease (or rather a disease simulating it, in its appearance) may be *excited*; but I cannot agree with Coche in the statement, that then it really exists, and that the patient will have to undergo all the chances of a fatal termination. Because an inflammatory swelling of the joint, sufficient to serve for temporary purposes, may be excited, not necessarily involving the articular apparatus, or the life of the experimenter. The means used are caustics and acrid plants, such as the thapsus,¹ the bastard turbith, the ranunculus acris or sceleratus, and others. For an instance of such a simulation I may refer to Percy and Laurent.² One pretender persisted for four years in asserting that he had deepseated pain in the knee-joint, in spite of moxas, blisters, &c.; the limb from want of use became emaciated, and at last he gained his discharge. In such cases, detection will generally depend more on accessory circumstances, than medical treatment or diagnosis: thus the instance, mentioned by Foderé, of a man with a pretended stiff-joint, who, confiding in the hope of receiving his discharge, was detected in the free use of the extremity.

SCROFULA.

The French, who carried the simulation of disease to so great an extent, used to feign scrofulous affections. The means which they employed were, the imitation of scrofulous ulcers or cicatrices below the angles of the jaws, and on the neck, by

¹ Galen, in Beck's Med. Jurisprudence.

² Dict. des Sciences Méd., t. li., p. 359.

the use of caustics : and the swelling and redness of the palpebræ, of the nose, and lips, by the juice of the euphorbium or pounded garlic, applied the evening previous to examination.¹

When impostors are not acquainted with this means of simulation, and when they have the nose pointed, the lips flat, the eye animated, and the cheeks well coloured upon a basis of good skin, we may pronounce that there is no scrofula present.

Old cicatrices in the neck—(which when they truly succeed to scrofulous ulcers, are deep, often adherent, of a violet colour, and present inequalities, and well marked callosities with rounded edges)—that are simulated, and scrofulous ulcers, which are artificially produced by caustics, will not enter into the question of discharge; unless the general circumstances, the well marked lymphatic temperament, and the peculiar countenance, which is well known, be likewise present.

LUPUS.

Lupus has been assumed by French conscripts, the better to carry on the simulation of other diseases, particularly scrofulous diseases; the means used were the application of pounded garlic, and the juice of the euphorbium. Detection will take place by watching the individual, by the disease coming on suddenly, and by various other circumstances known to the surgeon. It would seem scarcely possible that the true appearance of lupus could be so nearly resembled as to deceive an intelligent surgeon; but the scientific character of the French simulations embraced diseases even more unlikely to be successfully feigned; and the practical knowledge which evidently led to, and was exercised in the production of these disabilities, produced phenomena of disease so nearly resembling its true state, that a surgeon might well be excused being deceived by the appearance of lupus, in a person

¹ Coche, lib. cit., p. 170. Orfila, *Léçons de Méd. Lég.* Dict. des Sciences Méd. : also Marshall, and Beck, p. 19.

whom he could not possibly anticipate being possessed of the knowledge of the means necessary to produce such a simulation of the disease itself, or of its disqualifying effects. When prepared for such a deception, by a knowledge of the means employed to excite this simulated affection, we can scarcely mistake the action of acrids, such as garlic or euphorbium, producing salivation, tender and bloody gums, excoriations, and fissures, and *diffuse inflammation*,¹ for the confined and local effects of lupus, which generally presents the characters of healing at one part and spreading ulceration at another.

ULCERS.

Probably this was the earliest, as it has been the most extensively excited disease. It has been, in all ages, a most fertile source of fraud and successful imposition to those who lived by exciting the compassion and charity of the benevolent. In the 14th and 15th centuries, deception proceeded to such a pitch in this class of feigned disabilities, that systematic mutilation was carried on by bands of mendicant robbers to a shameful and horrible extent. La Fontaine mentions such cases occurring in ancient Poland.² In our own day, and in our own armies, this affection is frequently excited by *recruits*, and sometimes by *old soldiers*.³ I have been informed that in India the practice of exciting ulcers is *most common*. Perhaps no disability which a recruit can simulate, is more likely to lead to his discharge than a large ulcer; and, unlike most other defects, its artificial excitement gives him more chance of effecting his purpose than its spontaneous supervention. Ulcers are generally excited after the individual has been intermediately approved. He is consequently sent to hospital, and there cured; on his recovery he is examined by a board, and re-

¹ Orfila, Toxicol. Générale, p. 175.—4.

² Vide Chir. Med. Abhandl. sect. 175, &c. Metzger, Principes de Médecine Légale, par Ballard.

³ Marshall, on the Enlisting, &c.

jected; perhaps not so much for the large or adherent cicatrix, as for his being a schemer, and able to incapacitate himself in a few hours whenever he may please. An old woman, who lived contiguous to the recruiting dépôt at Dublin, had the credit of carrying on a great deal of business by this means, and in this way, among the recruits.

Sometimes those who are in hospital in consequence of punishment, apply irritating applications to prevent their backs healing, and to prolong their stay there.

Deserters occasionally produce extensive sloughs on the legs, apparently by the action of aquafortis, before they are brought to a medical officer for inspection.

There is no species of disability or imposture more practised by *seamen*, in order to obtain their admission into naval hospitals, and eventually to evade the service, than that of making ulcers on the legs, and keeping open such as already exist.¹ During the war ulcers were excited to a prodigious extent. There is a case mentioned where a man boasted that he had thereby been discharged from six different regiments.

The agents commonly employed are corrosives,² irritants or vesicants.³ Of the corrosives there may be enumerated—nitric acid,⁴ strong vinegar,⁵ the alkalies,⁶ caustics,⁷ corrosive sublimate,⁸ quicklime,⁹ lime and soap;¹⁰ the flame of burning bodies has been employed,¹¹ and the ashes of tobacco.¹² In all these instances, the part to which the agent has been applied

¹ Hutchison, Practical Observations, &c.

² Brendelius, Medicina Legalis. "Medicamentorum Cathetericorum," p. 143.

³ Foderé, Traité de Méd. Lég., vol. ii. Orfila, Léçons de Méd. Lég., vol. i. Hutchison, Pract. Observ. Beck, Med. Jurisp., p. 29.

⁴ Marshall, on the Enlisting, &c. Hutchison, Pract. Observ. ⁵ Marshall, lib. cit.

⁶ Fallot, Memorial de l'Expert, p. 240.

⁷ Zacchias, Quæst. Med. Leg., "Medicamenta Urentia." Fallot, lib. cit., p. 240.

⁸ Cyclop. Pract. Med., art. Feigned Diseases. Copland, Dict. of Prac. Med., loc. cit.

⁹ Cyclop. Pract. Med., ut cit. Beck, Med. Jurisp. Isfordink, Militarische Gesundheit Polezei. Copland, Dict. of Pract. Med., ut cit.

¹⁰ Cyclop. Pract. Med., loc. cit.

¹¹ Foderé, Traité de Méd. Lég., ut cit.

¹² Orfila, Léçons de Méd. Lég., vol. i. Dict. des Sciences Méd., t. li., ut cit. Isfordink, lib. cit. Marshall, lib. cit., &c. Plenck, Elementa Medicinæ et Chirurgiæ Forensis.

undergoes chemical changes, which may be more or less readily recognized on attentive examination. A yellow stain marks the agency of the first, more or less sloughing the action of all.

Of the class of irritants there have been employed:—arsenic and its sulphuret,¹ spirits,² chewed tobacco,³ urine,⁴ the skin of salted herrings,⁵ acetate of copper.⁶ These agents, as well as all those characterised as corrosives, when diluted, or in a less active form, act as simple irritants, and according to their intensity, and the length of time they have been applied, produce all the phenomena of irritation, and its various consequences; from redness, its slightest, to ulceration and gangrene, its most severe effects.

The vegetable acrids, or vesicants, which have been used are:—bruised garlic,⁷ the juice of the milk thistle, or sea-lettuce, *tithymallus lactuca marina*,⁸ the *ranunculus acris* or *flammula*,⁹ generally the root is employed. [The natural family of the *ranunculaceæ* abounds in acrid poisons; and, although I have not found cases recorded where other species than those just mentioned have been fraudulently employed to excite or aggravate existing ulcers, it may be useful to mention the genera and species which more particularly possess this property. Withering states that the *ranunculus acris* will blister the skin, but the *R. acris* is far from being the most active species of the genus, the *bulbosus* and *alpestris* are much more pungent; the *gramineus* is still more intense; and the most powerful of all is

¹ Cyclop. Pract. Med., loc. cit. Copland, Dict. of Pract. Med., loc. cit. Marshall, on the Enlusting, &c., 2nd ed., p. 124.

² Marshall, lib. cit., &c.

³ Orfila, op. et loc. cit. Copland, Dict. of Pract. Med., loc. cit.

⁴ Isfordink, op. cit.

⁵ Cyclop. Pract. Med., loc. cit. Copland, Dict. of Pract. Med., loc. cit.

⁶ Marshall, Ed. Med. and Surg. Journal, vol. xxvi. Beck, Med. Jurisp., p. 29. Male, Forensic Medicine.

⁷ Marshall, lib. cit.

⁸ Marshall, lib. cit. Orfila, *Lçons de Méd. Lég.*, vol. i. Plenck, lib. cit. Zacchias, *Quæst. Med. Leg.*

⁹ Orfila, lib. et loc. cit. Foderé, lib. et loc. cit. *Dict. des Sciences Méd.*, loc. cit., t. 51. Plenck, lib. cit. Zacchias, lib. cit. Male, Forensic Medicine. Fallot, *Mémorial de l'Expert*, p. 240.

the unripe germens of the *R. scleratis*. The genus *Anemone* produces similar effects. The most pungent species are the *A. pulsatilla*, *A. hortensis*, and *A. coronaria*. Ballard relates the case of a man, who, in consequence of applying the bruised root to his calf for rheumatism, was attacked with inflammation and gangrene of the whole leg.¹] The bark of the daphne laureola or spurge-laurel.² [The mezereon, and several other species of the genus daphne, to which it belongs, are powerfully acrid. The poisonous properties of the mezereon and spurge-laurel have been found to arise from a crystalline principle in the bark; and according to Withering the *D. laureola*, especially the root, is very acrid.³] The bark of the garou.³ [Orfila has experimented upon the effects of this species, the *Daphne gnidium*. Two drachms of the powder of the bark, applied to a wound, killed a dog in two days.⁴] The juice of the euphorbium;⁵ this is the agent generally employed in India. [Withering states, that all the indigenous species of euphorbium blister and ulcerate the skin.⁶ Pyl relates a case in which it was put into a servant's bed; it caused violent heat, itching and smarting, succeeded by inflammation and blisters.⁷ Probably all the species of euphorbium possess the same acrid properties. Two drachms of the powder, thrust into a wound in the thigh of a dog, produced death in twenty-seven hours. The wounded limb was found, after death, highly inflamed, and the redness and sanguinolent infiltration characteristic of the vegetable acrids, extended from the knee as high up as the fifth rib.⁸ Scopoli says, that he knew a case of fatal gangrene, caused by the berries of the *E. esula* being applied to the skin of the belly.⁹] The white vine.¹⁰ [The *clematis vitalba*, or traveller's joy, is said

¹ Histoire des Plantes vénéneuses de la France, p. 178.

² Marshall, lib. cit. Orfila, lib. cit.

³ Foderé, op. et lib. cit. Orfila, op. et lib. cit. Fallot, op. cit.

⁴ Orfila, Toxicol. Gén., p. 703.

⁵ Foderé, ut cit. Fallot, lib. cit, p. 240. Orfila, ut antea cit. Marshall, lib. cit., &c. Beck, Méd. Jurisp., p. 29.

⁶ Botanical Arrangement, vol. ii., p. 501. Stokes's Ed.

⁷ Aufsätze und Beobachtungen, t. i., 79.

⁸ Orfila, Toxicol. Gén., p. 710.

⁹ Ibidem, vol. i., 714.

¹⁰ Foderé, op. et lib. cit. Zacchias, lib. cit.

to be acrid, but does not taste so. The *C. flammula*, however, is pungently acrid to the taste, it reddens and blisters the skin.¹] The thapsus,² and the powder of the yew tree.³

Besides the above acrid plants, there are many others which produce similar effects. It may, however, be remarked here, that the operation of these agents may, in general, be suspected, as the effects which they produce are different from the other agents which are used to excite ulcers. In every instance, active inflammation of the wound is produced, with inflammation extending to the limb above it, with redness and sanguinolent infiltration of the cellular tissue: the appearances are in fact those of diffuse cellular inflammation. But an eschar is never formed.

The seeds of the *ricinus communis* produce violent inflammation when applied to a wound.⁴ The seeds of the *jatropha curcas*, the physic-nut of the West Indies, when applied in the form of powder to a wound, produce violent spreading inflammation of the subcutaneous cellular tissue.⁵ The *jatropha manihot*, and *multifida*, are equally acrid. The *manchineel* (*hippomane mancinilla*), and other species of the same genus, are most powerfully acrid, exciting inflammation wherever the juice touches, even the sound skin. The root of the bryony, *bryonia dioica*, is a powerful acrid; two drachms and a half applied to a wound, brought on violent inflammation and supuration of the part, ending fatally in sixty hours.⁶ The *arum maculatum*, is probably the most violent of all acrid vegetables inhabiting this country. The leaves of the *juniperus sabina*, or *savine*, have been long well known to be highly acrid. To these may be added, the *gratiola officinalis*, *rhus radicans*, and *rhus toxicodendron*, *chelidonium majus*, *sedum acre*, *rhododendron chrysanthum*, and *ferrugineum*, *pedicularis palustris*, *cyclamen europæum*, *plumbago europæa*, *pastinaca sativa*, lo-

¹ Orfila, op. et lib. cit. Fallot, lib. cit., p. 240

² Galen, Dict. des Sciences Méd., loc. cit., t. li. Zacchias, op. cit. Fallot, lib. cit., p. 240. ³ Zacchias, op. cit. ⁴ Orfila, Toxicol. Gén. vol. i., p. 706.

⁵ Ibidem, i., p. 715.

⁶ Ibidem, p. 679.

belia syphiolitica, and *longiflora*, *hydrocotyle vulgaris*, and common elder, or *sambucus nigra*.

In St. Helena, an acrid apple, which abounds there, has been used by impostors to produce sloughing ulceration; it is accompanied with great pain and inflammation.

Compression,¹ friction,² puncture,³ and excision,⁴ have also been resorted to for this purpose.

Some excite ulcers by mechanical means, particularly by abrasion: this is effected by rubbing the skin of the leg, over the shin bone, with a small quantity of sand interposed between the thumb and the leg, the sand being allowed to remain on the irritated surface. Should the inflammation thus excited not be deemed sufficient, the operation is repeated. Ulcers of a very untractable nature are rapidly excited upon old cicatrices by this means.⁵

This, the fox-hunting practice, was used to a prodigious extent in the convict hulks at Sheerness, and was only cured by flogging.⁶ Ulcers are also sometimes occasioned by means of hard bodies strongly pressed upon the leg. They are commonly excited by the use of a copper coin bound firmly down: It is stated that this was the most common practice in the navy.⁸ Halfpence, and also buttons, have been detected in these ulcers. Soldiers and sailors imagine that the metal being in contact with wounds or ulcers has a specific and deleterious effect; while the pressure used is the sole cause of the inflammation and irritation which is produced upon and around the sore.⁹

Impostors have been detected introducing a small portion

¹ Hutchison, Pract. Observ. Ballingall, Mil. Surg. Copland, Dict. of Pract. Med. loc. cit. ² Dr. Quarrier, vide Hutchison, ut cit. &c. Cyclop. Pract. Med., loc. cit.

³ Isfordink, lib. cit. Cyclop. Pract. Med., loc. cit.

⁴ Hutchison, lib. cit. Cyclop. Pract. Med., loc. cit.

⁵ Marshall, op. cit. Copland, op. cit. Dict. des Sciences Méd.

⁶ Mr. Robertson, Surgeon there. Dunlop, Beck, Med. Jurisprudence.

⁷ Cyclopædia of Practical Medicine, vol. ii., p. 155.

⁸ Marshall, op. cit. Sir Geo. Ballingall, Mil. Surg. Hutchison, Pract. Observ., &c.

⁹ Dr. Quarrier; vide Hutchison, op. cit.

of yellow arsenic into the sponge with which the ulcer is washed, by which means spreading ulceration is produced.

Of all the substances resorted to for the formation or aggravation of ulcers, the use of acids is by far the most difficult to detect;¹ for the impostor is often so alert, that he removes the surgeon's dressings during a certain period, and occasions the acid to act upon the parts in dressings of his own, substituted in their stead; after the desired effect is produced, the ulcer is well washed, and the former dressings and bandages reapplied, with a care and cunning which renders a discovery very difficult.

These factitious ulcers are either formed entirely by art; or, what is the more common case, perhaps artificially aggravated from slight sores, occurring naturally or from slight accidents.

The most common situation of these artificial ulcers, indeed almost the exclusive site, is the leg: a place no doubt partly selected, because their existence in that position effectually incapacitates the patient for military duty.

Ulcers are sometimes pretended only, especially by vagrants, the more cunning and less daring of whom effect the simulation by glueing a portion of a spleen,² or the skin of a frog, upon a part of the body³ the surface is kept moist by the agency of a small sponge, or the pith of the elder tree imbued with blood and water, which is placed under the dressing. Other foreign substances have been adapted to the skin, as dry shrivelled leaves, pieces of flesh, &c. In the life of Bamfylde Moore Carew it is related, that "Mr. Carew now got a cere cloth of pitch, which he laid to his arm, with a raw beef steak at top, covered with white bread and tar, which has the exact appear-

¹ Hutchison, *op. cit.*

² Mahon, *Méd. Lég.*, vol. i., p. 358. Foderé, *Traité de Méd. Lég.*, vol. ii., p. 486. Orfila, *Léçons de Méd. Lég.*, vol. i., p. 423.

³ Foderé, *lib. et loc. cit.* *Dict. des Sciences Méd.*, loc. cit., t. ii. Ambrose Paré, *vre xxv.*, chap. 21. Pigray, *Chirurgie*, livre vii., chap. 8.

⁴ *Cyclop. of Pract. Med.*, vol. ii., p. 155.

ance of a green wound.¹ Such impositions may succeed with mendicants, but ought never to do so with sailors or soldiers. There is another method of raising these sores employed by mendicants, besides the above, viz., "by bruising crows-foot, spear-wort, and salt together, and clapping them on the place, which frets the skin; then, with a linen rag which sticks close to it, they tear off the skin, and strew on it a little powdered arsenic, which makes it look angrily or ill-favouredly, as if it was a real sore."²

Artificial ulcers may sometimes be detected by strictly examining the surface of the ulcer and the old dressings. Mr. Cockburn, agent for the sick and wounded at the Edinburgh station, has seen the impression of the naval button upon the sores in several cases.³

An experienced eye will readily distinguish between an ulcer of recent formation said to be old, and one really old; but it is not so easy to discriminate one of long standing, kept up by repeated slight irritation, from a natural ulcer.

Suspicion of the use of irritant or corrosive applications will always be roused, when a healing ulcer suddenly becomes spreading, or assumes a sloughing appearance;—of the use of vegetable acids, when the appearances of diffuse cellular inflammation present themselves without any recognisable cause. The most common procedure of the impostor is, to allow the ulcer to heal for about a fortnight, and then make use of some of the agents above indicated, to prevent its further healing. This is repeated as often as he desires.

Artificial ulcers have in general a more distinct margin than those which are said to occur spontaneously, and may be considered indicative of a decayed constitution. The surrounding integuments are more healthy (though substances are sometimes applied to give them an unsound appearance,) their

¹ An Apology for the Life of Bamfylde Moore Carew, 9th ed., 1775, p. 221.; see also for the same practice, p. 316.

² *Ibidem*.

³ Sir George Ballingall, *Mil. Surg.*, p. 535.

borders are less callous,¹ their surfaces more superficial, and generally less painful.² Plenk says that artificial ulcers are more easily cured;³ but experience has proved the reverse of this to be true, as, where an impostor has courage to excite, he will have determination to prolong the cure of an ulcer. This remark, however, is correct enough when the ulcers are secured from being tampered with by the patients.

Some, to induce a belief that the ulcer has existed a long time, apply vesicatories or rubefacients, which leave an alteration of the epidermis, and render it glabrous, shining, and of a reddish colour; but in the alteration of the skin surrounding old ulcers, the colour confounds itself by degrees with the sound skin, while, after the reiterated application of vesicatories, it is circumscribed, and distinctly enough defined.

If the subject has a good colour, is stout, has a good eye and sound teeth, no enlarged cervical glands, and the margins of the ulcer are round and brown, the base fiery or purple, the neighbourhood spotted or blistered, we may suspect fraud; for men attacked with troublesome ulcers are cachectic, their skin is dry and scaly, and the diseased limb almost always atrophied.

To prevent impostors from applying irritating substances to ulcers on the legs, and thereby retarding their recovery, Mr. Baynton's plan was very successful; but it is frequently necessary, and was long the practice in the army and navy, to seal the bandages, for the purpose of preventing the removal of the dressings. Or else to inscribe on the bandages, after they are applied, coloured lines, drawn along the limb in such a manner, that it would be impossible to reproduce them if the bandage were removed and re-applied. Even this measure, however, is frequently but partially effective, as some determined characters will destroy the granulations by repeated blows over the ulcer, and by the introduction of pins, needles, &c.

through the bandages, thus irritating the surface of the ulcer. It is occasionally necessary to enclose the leg in a wooden box, with "Punishment for Impostors," painted in large letters on the front. That punishment was long ago found a useful means of repressing this species of fraud, may be inferred from Ripa: "*si quos inveniatis tibicis sibi medicamentis lacerasse tanquam falsarios puniendos esse jubet.*"¹ To Mr. Hutchison is due the merit of introducing into the service the use of this apparatus, which almost effectually prevents the patient from tampering with a sore. He describes it as a strong oak box, made in the shape of a boot, to come up about 4 or 5 inches above the knee; the short, thigh-part of the boot forming with the leg an obtuse angle, so that the muscles of the diseased leg might be preserved in a relaxed state: the upper end of the boot is closed by a square piece of the same strong wood, with a circular hole cut in it, to suit the circumference of the thigh, lined with list or leather, to prevent the cut edge of the wood giving pain to the wearer. This boot is then cut down to the toe part, hinges are put on, and a lock which cannot be easily picked, attached to the centre of the leg: two narrow slits are then made through the sole of the foot, through which a leather strap is passed, for the purpose of being attached to a circular one, passing round the ankle of the impostor, by means of two buckles, which being inside, will completely preclude the possibility of the leg being drawn through. Care however should be taken, that the aperture through which the limb passes in the upper end of the box, be made to fit accurately to its circumference.

This means was so successful, in Mr. Hutchison's hands, that he attributes the efficiency of the grand fleet, when in the blockade of the Scheldt, and of the Downs squadron, to the better manning which resulted from the notoriety of Deal hospital in detecting imposture.

¹ In Tract. de Pest. par. 5. num. 173. Prænidell. de Pest., pars ultima, partie 14, num. 13. Zacchias, lib. iii., tit. 2, Quæst. 1.

Dunlop states, that in the York hospitals, in 1812, 1813, there were many cases of this kind from the Peninsula, which were obliged to be locked up in a wooden box prepared for the purpose, to prevent patients tampering with their sores.¹

Sometimes even this means is ineffectual, as rods are occasionally passed down along the leg within the box, so as mechanically to irritate the sore. This, however, Sir George Ballingall considers may be prevented, by making a horizontal slip of wood to fit the limb, or by the application of a bulky bandage above the ulcer.

Many of those who have excited ulcers, have fallen victims to their own iniquity, or to diseases contracted in hospital; especially hospital gangrene. Percy and Laurent, and Baron Larrey, as well as Hutchison and Beck, mention such cases.

Hutchison mentions a case in which he had to amputate the leg of a man, who primarily exciting an ulcer had brought on disease of the bones. On dissection of the limb, a copper coin was found imbedded between the solæus and gastrocnemius muscles, nearly three inches from the margin of the ulcer, and which the man confessed to have thrust into the ulcer nine months before.²

There is another similar case, where a Portsmouth marine, to avoid going on duty, made an incision upon the shin bone, and placed a copper halfpenny on the wound; inflammation, ending in mortification, rendered amputation necessary.³

I cannot end this article better than by remarking, that "even where there is no satisfactory evidence of artificial means having been employed to excite ulceration, this disability should rarely, except when accompanied by varices, induce a surgeon to bring forward a man for discharge."⁴

¹ Beck, Medical Jurisp., p. 20. ² Practical Observations on Surgery, p. 143.

³ Ed. Annual Register for 1810, pt. ii., p. 185.

⁴ Circular, Army Medical Department; 22nd January, 1832.

FACTITIOUS WOUNDS, MAIMING.

Mutilation or maiming, in a general sense, comprehends the excision or injury of any part of the body, whereby its functions are impaired, or destroyed; and hence, under the head of MAIMING ought to be included every means by which a man is intentionally disabled, whether it is effected by the loss of a finger or an eye.

Mutilation has been occasionally practised in all armies, and by those in civil life liable to serve in the army, from very remote times. One form of it, practised among the Romans in the latter days of the empire, was the cutting off of a thumb, and hence the derivation of our word poltroon, from pollex truncatus.

Maiming is occasionally openly and avowedly practised, with the view of disabling the individual from the service. Sometimes the daring hardihood and desperation of such individuals are wonderful; of which Sir George Ballingall gives a remarkable example in a man, who first shot himself through the wrist, for the avowed purpose of obtaining his discharge, and being sent home from a distant foreign station. The injury rendered amputation of the hand necessary, which was no sooner done, than he held out the other hand, saying, that if a glass of grog were given to him, the other might be taken off also. As he was sentenced to corporal punishment, and to be degraded, and thus frustrated in his object, he immediately went and drowned himself.¹

It is scarcely credible to what extremities soldiers will resort, and what sufferings they will voluntarily endure, to shake off the yoke of their state, or to gain liberty with a small pension.

Thus it appears, that suicide, which is the highest degree of mutilation, is more frequent among soldiers than men of similar age and rank in civil life. In the cavalry regiments one suicide occurs in twenty deaths, or one annually per thousand destroys himself; not computing those who only attempt the act. In the lesser degrees, there may be mentioned the case of one man who cut off the half of his foot with an axe; and another,

¹ Military Surgery, p. 586.

his four fingers close to the hand, merely for the purpose of obtaining their discharge.¹ Another man, determined effectually to disqualify himself for service, placed his right hand before the wheel of a baggage wagon, by which means some of the bones were fractured. Fallot relates the case of a young soldier who plunged his legs into a cauldron of boiling water, and who died in the most frightful suffering.² Another produced deep burns on the arms and thighs with sealing wax. Recently an incorrigible fellow threw sulphuric acid over the eyelids, in an attempt to destroy his eyes; and another man, before leaving England, divided the tendon achilles of the right leg with a razor.

Lord Dover, in his *Life of Frederic*, relates, that such was the severity of the discipline among the Prussian troops, at Potsdam, that many wished for death to finish their intolerable sufferings, and murdered children, whom they had enticed within their power, in order to obtain from justice the stroke they dared not inflict upon themselves.—Vol. i., p. 32.

During the late severe conscription laws of the Pasha of Egypt, in the villages and towns of Lower Egypt it was scarcely possible to meet with a man capable of bearing arms. They were all mutilated by their own hands, to avoid the conscription; their fingers were chopped off, one of their eyes destroyed, or their fore-teeth knocked out. In Upper Egypt it was impossible to meet with a single un mutilated male adult.

Mutilation is, however, more frequently practised in a secret way, the object of the soldier being to get rid of the service, and at the same time to secure a pension; hence he in general pretends that the disability is contracted on service. Sometimes this mode of regaining liberty becomes epidemic in a corps, and is repeated time after time, not to appear again for a long interval; *e. g.* nine men of the 89th, at the Cape of Good Hope, in six weeks, disabled themselves, by what they termed accidental explosions of their muskets.³

¹ Hutchison, *Surg. Observations*.

² *Memorial de l'Expert, &c.*, p. 293.

³ Marshall on the *Enlisting*, p. 254. *Hints*, p. 177.

In the course of about three years, or from 1819 to 1821, inclusive, a great number of soldiers belonging to the Bombay European regiment and artillery mutilated themselves, principally by cutting off a thumb. Sometimes the wrist-joint of the right arm was destroyed by a gun-shot wound.

Of thirteen men who volunteered from the Cork militia into the 83rd, nine disabled themselves when the regiment was ordered to the continent. Not long since when the — regiment was at Cork, about to embark for the West Indies, four men got the first joint of the thumb of the right hand amputated. When regiments are kept for a long time in a station which the soldiers do not like, they sometimes mutilate themselves. Thus, during the last century, maiming became so common among the troops stationed in Minorca, as to lead to an investigation by Parliament into the circumstances to which it was attributable. The 9th regiment had been stationed twenty-seven years at Minorca. Many other instances of secret mutilation might be given; as men discharging their own muskets through their legs;¹ hiring others to shoot them, &c. Thus, a private in the — regiment, (one evening during the Mahratta war,) who was on duty in the quarter guard, requested a comrade of his to shoot him through the arm, that he might be disabled from military service. It was arranged that the principal was to go a little way in front of the tent and fire—he did so, but the ball passed through the body, and occasioned instant death. The collusion was discovered, and the agent banished.

According to Orfila, Foderé, and Coche, the conscripts in France sometimes maim themselves by fixing the great toe in a position which will disable them from marching. During the year 1833, one hundred and seventy-six soldiers in the French army were convicted of the crime of voluntary mutilation; being in the proportion of one to thirty-nine of all other convictions.

¹ e. g. Marshall on the Enlisting, p. 254.

² Marshall's Hints, p. 178.

Among the reserve corps of foreign armies, militia men, and soldiers on furlough, mutilation is not uncommon. Marshall likewise states, that maiming frequently occurs a day or two before the expiry of a furlough : hence he doubts very much the propriety of granting furloughs to young soldiers.

Voluntary maiming, has, I believe, been practised to a considerable extent in our army. During the four years previous to 1829, twenty-one soldiers were pensioned in Ireland for life, in consequence of having been voluntarily disabled by the explosion of their own muskets.¹ The maiming invariably took place either in the right or left hand. Soldiers sometimes mutilate themselves even to become convicts, as was the case in New South Wales a few years ago, and deserters sometimes voluntarily mutilate themselves after they are taken, and before they are brought to a medical officer for inspection. It has been mentioned that large sloughing sores are frequently occasioned at such times.

Mutilation occurs in the army more frequently in the hands and fingers than in any other part of the body.² In one regiment, however, where the practice became epidemic, the lower extremity chiefly suffered. When the feet are mutilated, it is almost always whilst cutting wood, according to the fraudulent, that the mutilation has accidentally taken place.

Wounds and injuries involuntarily received have frequently been aggravated, and their healing interfered with, to answer particular purposes. The 26th and 27th articles of the Pensioning Regulations, have been humanely framed for the purpose of removing every encouragement to voluntary mutilation. They direct, that whenever a soldier is maimed, the circumstances of the case are to be investigated by a court-martial ; and when it shall appear to the court, that the injury was the effect of design, the prisoner shall not be discharged. The evidence and opinion of a medical officer will generally be

¹ Marshall, lib. cit.

² Fallot, lib. cit., p. 290.

required in such cases, and his testimony ought invariably to be given with great caution. Notwithstanding the greatest skill and attention, he will sometimes find it difficult to determine whether an injury was voluntarily inflicted or not. A careful examination of the nature, site, and extent of the wound; its direction and correspondence with the alleged cause, the appearance of the severed part, and the expression of the patient's suffering, aided by collateral circumstances, will, however, for the most part, lead to a satisfactory conclusion. Our differential diagnosis will therefore be drawn—

From the *appearance* of the wound. By its presenting a clean cut surface, when the individual asserts that it was produced by a cause which would have produced a lacerated or contused wound, as the bite of an animal (*e. g.* vide Marshall); or by a fall, or the collision of obtuse heavy bodies (*e. g.* vide Scott); as balls, stones, beams, or pieces of ordnance—and vice versa. Also when the blood is issuing “per saltem” from a wound which is stated to have existed for some time (*e. g.* vide Marshall).

From the *nature* of the wound.—If it be of such a kind as to render it improbable that the person either could or would have inflicted it; if it be more than sufficient to effect the object the perpetrator may be supposed to have in view.

From the *situation* of the wound.—If it be in a part of the body to which the patient's hands, or an instrument wielded by him, could not have reached; in this case the probability of its accidental character is increased, while on the contrary this probability diminishes according to the facility which the situation and nature of the injury would afford to a man for its infliction: thus the loss of two fingers of the left hand would be a most suspicious occurrence.

From the *direction* of the wound.—The direction of the wound will often assist our investigation; it should be ascertained whether the right or left hand has been used; and as the former is that which is most commonly employed, the direction should correspond with it. But if the direction correspond

with the left hand, it should be inquired whether the person is left-handed. The stature of the individual who is asserted to have inflicted a wound, should likewise be inquired into ; as it has been ascertained that a stab given by an individual of small size, to one of greater stature, is, naturally, directed from below upwards, and the contrary if it is the larger of the two who has inflicted it. The length of the arm should also be compared with the situation and direction of the injury.

From the *alleged cause*.—If the cause which is asserted to have produced the injury be manifestly incapable of producing it—as in a case when it was alleged that broken glass divided the bone of the thumb ; and if the wound presents a very different appearance from that which would be produced by such a cause—as where a ball, alleged to have been fired from a distance, blew away nearly the whole calf of the leg instead of having simply perforated the limb. The probable weapon with which a wound was inflicted will often assist in disclosing the true nature of the accident. Much light has been thrown upon obscure cases by the peculiarity of shape that some wounds present, and a comparison between them and that of different instruments. Such is a case related by Desgranges, and quoted by Foderé.

The improbability or impossibility of a wound being inflicted by the patient himself, is, however, no certain proof that it has not been intentionally inflicted ; since the unhappy men have been known, like the ancient Romans, to assist each other in the perpetration of this partial suicide. Instances of this kind are mentioned by various authors ; as a boy placing his arm between two beds, and getting a companion to fracture the fore arm with a piece of wood.¹ The amputation of a son's finger by his father.²

From the severed part.—When it is found in situations, and having connexion with collateral circumstances which do not

¹ Cyclopedia of Pract. Med., Feigned Diseases.

² Ibidem.

support the history of the individual, and where it is found more or less incised, contused, lacerated, when its separation was alleged to have taken place by one blow. Thus a soldier on furlough, lately, notched a flat iron instrument, with which he sawed off the thumb at the first joint; he asserted the wound to have been inflicted by the blow of a sharp instrument, but the serrated appearance of the severed part, and of the wound itself, betrayed the falsehood.

From the extent of the wound.—Suspicion would diminish in proportion as the wound increases in extent and danger, since it is not probable that a man would voluntarily inflict on himself a severe and dangerous injury, when a slight one would answer his purpose equally well; thus a wound of the hand is more probably factitious than one of the arm, and one of the arm or leg more probably so than one of the thigh.

From the expression of the patient's sufferings.—When the patient is obviously anxious to impress the medical officer with an idea of the severe nature of the accident, while the external marks of injury are but slight; as in trifling bruises in working the guns; it may be suspected the man has some end to gain by such disability, and that he has been accessory to its occurrence. Northcote states, "I have many times known cowardly lubbers, during actions, come trembling down the ladder with most violent groans and complaints, though at the same time they have received little or no hurt, and all I could do or say could not prevail upon them to make a second trial of their courage, nor go up again till the action was all over. Nay, I have been told by those quartered at the same gun, that some dastardly fellows have actually put their feet, or stood in the way of the carriage, on purpose to be hurt, that they might have a plausible pretext for going down to the doctor. This I must own I have great reason to credit, having sometimes met with such contusions in the legs and feet, occasioned by the gun carriage: but at the same time so slight as to be scarcely worth mentioning. At other times,

there was scarcely any injury or contusion to be perceived, notwithstanding the most furious complaints of pain and uneasiness.¹

In cases of injuries received from fire-arms, attention to collateral circumstances has frequently thrown light upon the obscurity of the subject. Thus, the wadding has in some cases elucidated the truth, having been found to consist of paper found in the possession of the party; also the ball has been proved not to correspond in size with the barrel of the pistol from which it was asserted to be fired.

Very few individuals who mutilate themselves, consider beforehand in what manner they are to answer the questions, —how, when, and where the accident happened? and to explain all the accessory circumstances. The following remarks will serve to illustrate the principles set down. Fallot states, that when mutilation of the index finger of the right-hand takes place, he immediately asks the person if he is left-handed; by which his attention is aroused on this point, and his answer, as it were, dictated. He sends him to the hospital, and there keeps him under surveillance. Not mistrusting, the mutilator abandons himself to his usual habits, and ordinarily makes use of his right-hand, which induces the strongest presumption of fraud.

In mutilation of the feet, it is much more difficult to unmask the truth, because the same mechanism which is called into action in the voluntary mutilation, would have acted, had the circumstance been accidental.

A seaman lopped off two of his fingers with an axe, upon a post, leaving them there in his confusion; he rushed on deck, exhibited his hand, and asserted that he had lost his fingers by the accidental collision of two water casks. Here the character of the wound sufficed to disprove the assertion. No collision of casks could produce so clear a wound, or so

¹ Marine Pract. of Physic.

complete an amputation; but the man's own stupidity afforded still more certain evidence, for shortly after his two fingers were found, and lying near them the axe which divided them.

A dragoon said that his horse had bitten off his finger, but he forgot to wipe his bloody sword which lay in the manger.

A man said, that in falling down a flight of stairs, he cut his hand on a broken bottle; but the excised thumb was attached by skin on the palmar aspect only.

A man reported, that he lost two of his fingers in an affray with some people; on inspecting the spot a stone was found with the fingers on it, and an indentation in it, which was made by a small hatchet found near the spot.

A private in the regiment stated, that he had accidentally amputated his thumb, in dividing the meat for the different messes of the company; but the amputated thumb had a deep incision in it, obviously shewing the voluntary nature of the injury, and that the first stroke of the cleaver had not been sufficient.

A soldier employed in the kitchen, amputated the index finger of the right-hand at the articulation; but being stopped several times by the pain, the incision in place of being clean, was unequal and ragged; he asserted that a single blow of the chopper had produced the injury; without doubting his assertion, Fallot invited him to place himself in the same attitude in which the accident happened. The extreme maladresse with which he seized the hatchet, and the impossibility of his regulating and directing his blows so as to divide objects of less resistance than a finger, left no doubt as to the imposture.

A despairing and drunken soldier cut off on a block of wood the index finger of the right-hand, near its junction with the metacarpal bone, with a chopper stolen from a butcher's stall; on arriving at the hospital to have it dressed, he asserted that the injury was the result of a sabre wound inflicted in an ambush; nevertheless, no other blemish of the hand existed, and a blow of a sabre sufficiently powerful to amputate the fore-

finger, would not have stopped directly after having made the section, but would, at least, have made some cut upon the next. On being directed to place himself in the attitude in which he received the injury, he took one so unlikely, that there was no difficulty in demonstrating the imposition.

A grumbler, in order to gain his ends, exhibited a wound of the right foot. There was a longitudinal, tense, unequally deep, and adherent cicatrix on the dorsum. To explain it, he stated that in cutting a log of wood the hatchet slipped from the handle and inflicted the cut. He adduced in testimony a certificate as to the existence of a wound, but which did not state the time, nature, or cause. On an attentive examination of this long cicatrix, it was found not to be a single cicatrix, and to be different in colour and identity in different places, whence suspicion arose as to its being all of one date. Whatever direction it was supposed the instrument had taken, it was impossible to explain so long and irregular a cicatrix. On inquiry, it was found that an old original cicatrix existed, which had not given the desired exemption, and that it had been prolonged, by incisions above and below, which were superficial and interrupted, in consequence of the pain.

A sentry, while on duty, was occasionally fired at by the enemy from the surrounding jungle. This man was found severely wounded, the calf of the left leg being greatly torn, the whole charge of a musket having passed through it. He attributed the wound to a shot from the enemy; but the black charcoal on the leg, the nature of the injury, and the recent explosion of his own musket, told a different tale.¹

Voluntary mutilation sometimes occurs under the most extraordinary circumstances. Frequently, especially in the navy, the act of self-mutilation is openly practised; as in several cases related in the Cyclopædia, of individuals who cut off their fingers, and sometimes the greater part of their hands. Sometimes it

¹ Marshall.

occurs in a crowded barrack-room, sometimes in conflict with the enemy, with the view of giving greater plausibility to their alleged accidental occurrence. The persons concerned seemed to have thought it better to mutilate a hand or a leg than to risk being shot through the body.

In the army, severe corporal punishment, previous to discharge, as might and ought to have been anticipated, failed to arrest the progress of voluntary mutilation. Solitary confinement, by protracting the period of discharge, has been found to have a much greater influence in discouraging mutilation than corporal punishment.

Under slight wounds may be noticed the insertion of needles into various parts of the body, as the arms, hands, breasts, &c. Two cases are related of females doing this; one happened at the Richmond Hospital, Dublin, and the irritation and inflammation ran so high as to render amputation near the shoulder joint necessary. The other was at Copenhagen; as the needles were extracted, others were inserted in different places, so that no less than 400 were removed from various abscesses in about three years. In the first instance, the individual made a confession; in the second, she was seen introducing them under the skin.¹

The evidence of self-mutilation before the enemy is not often sufficiently clear or conclusive. Thus, after the battles of Lutzen and Bautzen, in the Saxon Campaign of 1813, it was represented to Napoleon that a great number of the wounded had merely lost fingers, or had their hands only injured by musket balls, and suspicions were entertained that the wounds had been voluntarily inflicted. A board of medical officers was directed by the emperor to assemble for the purpose of examining 2,632 soldiers, (in the article communicated by Baron Larrey to M. Chaussier, for which see his *Recueil de Mémoires sur Divers Objets de Médecine Légale*, p. 387,

¹ Scott, *Cyclopædia of Pract. Med.*, vol. ii., p. 148.

the number is stated at 2,350,) each of whom had been wounded in a hand. Baron Larrey was appointed President of the Board. The examination of each man was made with great care. Firstly, in regard to the character of the wounds; secondly, in regard to the causes of the wounds; thirdly, respecting the circumstances which attended the injury.

Baron Larrey offers the following considerations on the particular causes which might have determined these sorts of wounds.

1st. It is always after obstinate engagements that these wounds of the hands take place, which already have more than once raised suspicion as to their true causes. It is difficult, not to say impossible, that in the combat a soldier could with his musket mutilate his fingers, without being perceived by his comrades, and consequently without the speedy divulgence of the fact. Moreover the mechanism of this operation is as difficult as dangerous.

2nd. In the battles of Lutzen and Bautzen the greater part of the combatants were young conscripts, who had never been exercised; and when a fire was ordered from three ranks, it happened more than once that those of the first rank had their fingers or hands wounded by the fire of those who formed the second or third ranks (*les baionnettes croisées, le fusil armé, ils tiraient à tort et à travers, sans distinguer l'ennemi.*—Note by *Chaussier*).

3rd. At other times, owing to their ignorance of the use of fire-arms, they frequently had their hands pierced, or their fingers carried away, by unexpected and sudden explosions of their muskets, which discharged the ramrod as well as the ball.

4th. Often in the *melée* the hand was placed at the extremity of the musket, when if it went off the hand would be more or less wounded.

5th. In a charge of bayonets the greater part of the balls of the opposing troops would take effect in the hands and fingers, as has been especially observed at Esselingen and Celsburg, which

had already caused suspicion of the voluntary infliction of the wounds.

6th. In war, in mountainous countries, the soldiers who guard the flanks are obliged to fire at the enemy who occupy the heights. To raise more or less their musket in this position, the hands, especially the left, are necessarily the most projecting points, and the most easily hit by the balls of the enemy. Wounds of the hands and fingers are extremely numerous in such attacks, as has been observed in Spain and in Silesia.

The Baron says, after these different considerations, equally founded on observation and experience, one may see why wounds of the hands and fingers have been so common in consequence of some battles and engagements, and when they present so many obvious causes. Wherefore a supposition so repugnant equally to reason as to nature and honour, "*le bien le plus précieux pour le soldat Français*"? Nearly all the wounds were made by fire-arms, but a few by steel weapons. The greater part of the wounded presented other wounds of their person, or rents of their dress, by various projectiles; and the remainder were principally composed of old soldiers, whose devotedness there was no reason to doubt.¹ The Board, after much deliberation, came to the conclusion, "that it was impossible to distinguish any difference between wounds occasioned by the fire of the enemy and injuries voluntarily inflicted; and consequently reported, that there was no satisfactory proof of any of the soldiers under consideration having mutilated themselves." Sir George Ballingall, however, was informed by Dr. Charles de Caux, now practising in Jersey, that this report was entirely a political one, made in order to prevent further proofs of dissatisfaction at the long and unprofitable war.²

A case in civil life was investigated by Dr. Marc. The individual, under the idea, as it would seem, of rendering him-

¹ See Report already quoted; also Larrey's Surgical Memoirs, translated by Dr. Mercer, p. 107.

² Lectures, 1836—7.

self of importance to a relative, or to secure his gratitude, pretended to have had a murderous conflict with some assassins, although no dead bodies could be found. His head was wounded longitudinally to the extent of about an inch, and in direction from left to right; the integuments only were divided. The hat of soft felt was cut for nearly three inches, and in a direction from right to left; a cotton bonnet and a silk handkerchief, which he wore under his hat, were also divided. Dr. Marc observes, that a blow so powerful as to divide all these should have inflicted a less superficial lesion. As collateral evidence, the appearance of the knife used in killing the assassin was adduced. It had a thick covering of blood. Now this was hardly consistent with the idea of stabbing; since, on drawing it out, the flesh and the clothes would both rub off a portion, and what remained would be in longitudinal striæ. Dr. Marc was of opinion that it had been daubed on. He deemed the whole case pretended; *the effect not corresponding with the force of the ascribed cause*.¹ Similar cases have been recently detected at Paris, principally from the *slightness* of the wounds. They were not such as a robber or murderer would inflict.² In individual cases of maiming, the characteristic signs which have been attempted to be laid down in the course of the preceding remarks, will, in most instances, be found sufficient to enable us to arrive at a conclusion very near the truth.

LOSS OF TEETH was a disqualifying effect very common among the French conscripts; they mutilated themselves by destroying the incisor teeth by acids, by extracting, or filing them down below the gum,³ a condition of parts which prevented the soldier from biting off the end of his cartridge in loading his musket; so that it became necessary during examination to pass the finger along the jaw, previous to granting an exemption

¹ Annales d'Hygiène, vol. i., p. 257. See another doubtful case, vol. ix., p. 417; and one in which the fraud was only revealed fifteen years after, vol. xi., p. 188.

² Beck, Med. Jurisprudence, p. 32.

³ Orfila, Foderé, Coche, lib. cit. p. 148; Dict. des Sciences Méd. Beck, lib. cit. p. 32

from service on account of loss of teeth. Some destroyed their teeth by caustics;¹ and their loss frequently followed the attempts made to simulate scurvy in one of its symptoms, sponginess of the gums.²

FICTITIOUS WOUNDS OR INJURIES.

The pretence of being wounded when uninjured, or of being wounded when only slightly hurt, has ever been the refuge and the resource of the coward in the day of battle. This practice has even been carried to such an extent as seriously to affect military operations. Cæsar, in the blockade of Utica, speaks of the simulation of wounds: "qui omnes, discessu curionis, multique præterea, per simulationem vulnerum, ex castris in oppidum propter timorem sese recipient."³ In the official report of the capture of Tarragona by the French, in 1811, Count Contrares, the governor, complains of many of his officers feigning wounds to avoid duty.⁴ Northcote, in his *Marine Practice of Physic*, takes particular notice of the frequency of the simulation of wounds. Even distinguished men have had the meanness to simulate wounds; thus Gustavus Adolphus simulated a wound of his leg.⁵

Officers are frequently accused of feigning wounds or contusions after a battle, with the view of having their names recorded in the *Gazette*, or for the more sordid purpose of claiming a pension. Scott, Forbes, and Marshall, relate examples of officers feigning wounds.

Much of what has been stated with regard to disabilities arising from fractures will apply to wounds. Soldiers frequently attribute the most absurd effects to slight injuries. Every man's statement in regard to his disabilities and claims on the service demand a candid, unbiassed investigation, but the opinion given as to the disabling effects of an injury,

¹ Coche, lib. cit., p. 148. ² Fallot, vide Scurvy. ³ De Bello Civ., lib. ii., xxxv.

² Courier, July 30, 1811.

⁵ Historical Sketch of the Last Years of the Reign of Gustavus IV. of Sweden, p. 57.

must be founded on a knowledge of the anatomy and functions of the part that may be implicated. The sources of an injury, or the cause that led to an alleged disability which involves a claim to a pension, require much attention; but there will rarely, if ever, occur any difficulty on the part of the surgeon in detecting imposition, in the case of wounds being alleged to exist when no wound has been received.

Dr. Hennen informs us, that the cicatrices of common ulcers have been shown as gun-shot wounds; and he states that he once saw the mark of a square blister pointed out as the effect of contusion from a ball.

ECCHYMOsis.—Sometimes the parts are stained for the purpose of representing the purplish hue of ecchymosis on the decline.¹ Fallot states that he was consulted by the parents of a girl who pretended that she had been violated by an unknown person in a forest; in proof she showed some bluish spots on the internal surface of the thighs, and posterior part of the trunk. The gait of the girl, no less than the form of the spots, which were round with broken edges, and more discoloured at the edges than in the centre, or near it, and all alike in tint, excited his suspicions. On investigation it was found that she had been furnished with a thick blackish liquid, the repeated application of which had produced the spots. Lavation was employed in vain to cause them to disappear.² In cases of this nature it is necessary to recal the characters proper to ecchymosis, contusions, and suggillations; their forms, the diffusion and blending of the red colour into the bluish purple and yellow which they present; the variety of their tints, of which the deepest is always in the centre; and to compare them with the infirmity to be judged of. Marks of wounds designed to represent those received from musket

¹ Dr. Forbes, *Cyclop. of Practical Medicine*, vol. ii., p. 156.

² *Memorial d'Expert*, &c., p. 243.

bullets, &c., are sometimes imitated by blackening the skin with oil and soot.¹ To recognise this deceit, it is sufficient to wash the skin with soap and water. Contusions may be intentionally given, but their appearance seldom equals that which results from the impinging of musket or cannon balls.

GENERAL INDISPOSITION.

Instances of simulation of disease sometimes occur, calculated to baffle not only the most attentive but even experienced medical officers; examples of which are given by Marshall.² Fear seems, in some instances, to have a powerful, and almost wonderful depressing effect; individuals are sometimes found even to sink under its influence.³ Every practitioner must frequently have found it impossible to understand or determine the nature or seat of the disease, of which his patient complains, and such is often the case in pretended states of general indisposition. His knowledge and penetration are put to fault, and discovery of the real nature of the affection will depend much less on the phenomena and indications of disease, than on a knowledge of the moral causes acting on the mind of the individual in question. If it be thus difficult to ascertain with precision the exact nature of a sympathetic and functional disease, really produced by some moral cause, it will readily be understood how difficult it is to detect feigned cases. I remember well a case occurring in the Royal Infirmary, Edinburgh, about six years ago, which may serve as a good illustration. A man of melancholy temperament was brought into the ward; he was very feeble, his pulse 140, his breathing most rapid; he lay in bed, and could not, or would not move; he had no local pain, nor any sign of acute or chronic disease. His case was minutely examined by several of the physicians,

¹ Foderé, *Traité de Méd. Lég.*, t. i., p. 154. Also Orfila, *Léçons de Méd. Lég.*, t. i., p. 422.

² On the Enlisting, pp. 257, 258.

³ e. g. Marshall, *op. cit.*, 228.

and served as a trial of skill to the clinical clerks. He was thought to be suffering from acute tubercular disease of the lungs, but there was no stethoscopic indication. After a considerable time, during which the man remained without any change of symptoms, it was accidentally ascertained that erotomania was the moral affection under which he laboured.

It is impossible to lay down general rules for the detection of simply feigned cases of general indisposition. These must be determined by a variety of concomitant circumstances, and by the judgment of the physician. Excited cases of general indisposition will be found to be considered under the heads of FEVER, GENERAL EMACIATION, and DEBILITY.

DEBILITY.

This symptom of disease is in most cases assumed as an adjunct in the simulation of other diseases, such as phthisis, &c. Its pretension is easy, and the deceit is not very readily detected. It is a favourite simulation with mendicants, and numbers are to be seen, at any time, in the metropolis, who resort to this expedient, to excite the charity of passers by. To the appearances of debility arising from disease, they add those which result from want; dressed in rags, and apparently suffering from the inclemency of the weather, they lean against the wall of some house, or sit on the steps of some door, and assuming a sickly aspect, (which in general they succeed remarkably well in imitating, and which they heighten by wrapping up the head in a white napkin, extending over the ears, and tied under the chin,) pursue their wretched avocation generally in the most crowded thoroughfares. One of these a few years ago, crawling along, the impersonation of weakness itself, and successfully imposing his infirmities, was taken into custody by an officer of the Mendicity Society; the prisoner, however, on coming to a retired place, beat his captor so cruelly that he maimed and injured him for life.

In the simulation of debility it is difficult to present the

appearances of general and fully formed asthenia, the external aspect of the body, and the affection of all the vital functions. The symptoms capable of imitation are a pale, thin, or collapsed countenance; a languid, depressed expression of the features; a pale tongue, (*vide* FEVER); a weak or nearly lost voice and speech; and impaired or lost muscular power; the falling down of the head on the breast; want of appetite; tendency to fainting; frequent, imperfect, or anxious respiration; tremors. Complaints may be made of languor, exhaustion, a sense of anxiety referrible to the præcordia, and headach. Although it is unlikely that all these characteristic signs of asthenia should be present, it is sufficient to know that they have been successfully used to deceive.

The characters which may be artificially produced are emaciation; diminished temperature, by exposure to cold; cold and clammy perspirations; weakened action of the heart, and leipothymia, or syncope. The signs which are not likely to be, or are incapable of being simulated or excited, are the external aspect of the body and the affection of all the vital functions; the lack-lustre eyes, sunk in their sockets, and surrounded by a dark, or bluish, or by a tumid and œdematous circle; the watery, moist, soft, broad, and somewhat tremulous tongue, and its depressed and wasted papillæ; the soft flabby skin of a livid or dirty, or pale and waxy hue. The impaired functions of the stomach and bowels, as constipation; and of the cerebro-spinal system, as vertigo.

In cases of debility presented to us for determination, it is of the greatest consequence to decide whether they are cases of mere muscular debility, or arise from “*oppressio virium*.” Perhaps some of the most difficult cases will occur in robust men, where there is hyperæmia of the brain: seeing that no debilitating influences may have preceded its sudden occurrence.

In our naval and military services general emaciation and debility (*cachexia*) are sometimes occasioned, with the view of

avoiding some disagreeable service; but much more frequently, to be sent home from foreign service, or to procure a change of climate, leave of absence, &c. In order to corroborate verbal testimony, substances are swallowed to make the face pale. (See FEVER.) The means employed to produce the appearance are abstinence from food or sleep for a considerable time;¹ [in the case of Moor Smith it is stated, that emaciation was produced in ten days by sucking a copper cent all night and swallowing the saliva;²] the continued use of violent purgatives, or of emetics; the frequent use of diaphoretics, especially antimony; of small doses of infusion of tobacco, or of digitalis; excess in spirituous liquors; vinegar, the oxides of copper, supertartrate of potash, and tartaric acid have likewise been employed for this purpose.

By the use of these agents the face becomes pale, the cheeks hollowed, and the eyes sunk in. Percy and Laurent have known young men, previous to their making their appearance before a medical board, cause violent emesis and purging in order to appear pale and weak. Fallot knows well a man who was exempted by these means, and another who succeeded by the use of digitalis. For fifteen consecutive days he took this drug, which caused his colour to vanish; his countenance to become sunken and altered; the motions of the heart to be irregular; and on the slightest movement he was threatened with syncope. He was easily exempted, but it was a long time before he recovered the good health which he had so rashly compromised.³

However highly qualified a medical man may be, it will be most difficult for him in such cases to avoid being ensnared.

Many rapid recoveries have been seen to take place after the signing a sick certificate. Mr. Marshall mentions the case of an officer who offered a large fee to a medical officer, for the purpose of gaining information how to assume a pale,

¹ See a case related in Hutchison, *Pract. Observations in Surgery*, p. 178.

² Beck, *Medical Jurisprudence*, p. 9.

³ *Memorial de l'Expert*, &c., p. 284.

sickly aspect, so as to gain longer leave of absence. The other means which may be employed in this simulation are mentioned under FEVER, &c. There are few points of duty which require greater circumspection on the part of a medical officer, than that of granting certificates regarding the health of officers. He should, invariably, examine particularly into the circumstances of the case; not permitting himself to be influenced in his conclusion by the testimony of the patient, or that of his medical attendants, except in so far as parole evidence may assist investigation.

We should in all cases examine accurately, as to the degree of muscular debility, the duration, constancy, and nature of the same, the accompanying phenomena, the state of the power of sensation, and the extension of the same; we must also carefully regard the pathological relations, the consequences and terminations of this state. Swelling of the legs, for instance, will strengthen our opinion as to the reality of the affection; a strong pulse or natural skin, on the contrary, would countenance an opposite conclusion. Pallor and thinness are too easily produced to be taken as evidences of disease themselves; the condition upon which they depend should be ascertained. At any rate no man should be discharged till he labours under

MARASMUS.

Excessive emaciation of the body being an effect entirely subordinate to its cause, whatever that may be, the question of exemption cannot be founded but upon the disease of which it is the consequence.¹

CACHEXIA AFRICANA.

The *Mal d'Estomac* or *Pica Africanorum*, (dirt eating,) is a disease which is extremely unlikely to come under the attention of the military surgeon. It is a disorder which formerly

¹ "Emaciation and weakness are the results of disease, the nature of which should, if possible, be stated."—Circular, Army Med. Depart., Jan. 22, 1830.

used to produce the most extensive ravages among the slaves in the West Indies, but is now, not nearly so common. It is often a real disease, often, also, a practice voluntarily adopted with the object and with the effect of producing death; but more frequently, perhaps, it is a mixture of real and factitious disease, the primary disorder of the stomach prompting to the ingestion of crude substances, and thus giving the particular direction to the suicidal propensity. The practice is always done in secret, and is invariably denied.

In the factitious disease, if the determination of the sufferer be sufficiently great, it will most generally end in death. Whether the practice be the result of a morbid appetite, or adopted with the intention of affecting the health, or causing death, it may be detected by the exhibition of emetics; and by the examination of the stools: the ejecta being washed, the earth will be found to subside.¹ The only means which succeeded in preventing it, when resorted to with suicidal intention, was to cause the slaves to believe that decapitation would be performed on them after death; as they imagine that this operation prevents their return to their native country, and their migration to other states of existence.²

DIARRHŒA.—DYSENTERY.

Bowel complaints are occasionally pretended by recruits, when they wish to avoid leaving a garrison to join their corps;³ and whenever these diseases are prevalent in an army, we have individuals occasionally assuming them for the purpose of evading duty.⁴ The fraud is commonly easily detected by inspecting their linen; if it be clean we may infer that the bowels are not much out of order.

In countries where dysentery is prevalent, as in India, bowel complaints are often pretended for the purpose of escaping

¹ Dancer's *Jamaica Practice of Physic*. ² Williamson's *Med. and Miscell. Obs. on the West Indies*, vol. i., p. 93. Copland on *Cachexia Africana*.

³ Marshall.

⁴ Sir Geo. Ballingall.

duty. To obviate this source of imposition, each suspected individual should be provided with a close-stool for his own use, and the evacuations inspected. Care should be taken, however, that a man really suffering under this disease should not lend his aid to promote the fraud, which connivance Hennen takes notice of as having been prevalent in the Peninsula.

In the army it is generally practised merely for the sake of evading some particular duty. But we learn from Mr. Hutchison that bowel complaints were excited in the Naval Hospital for the purpose of invaliding. The means employed was a mixture of vinegar and burnt cork, by which some fine young men destroyed themselves. He likewise informs us, that a solution of the sulphate of iron is sometimes used for a similar purpose by convicts, who are employed as shoemakers. Sometimes the individuals indulging in such practices pay the forfeit in the loss of life, as is proved by Mr. A. Robertson.¹ "I have witnessed such unfortunate men fall a sacrifice to their own imprudence, by inducing a disease which they would most gladly have been freed from at a period when it was too late. On this subject, I cannot readily forget the death-bed disclosures, and the pangs of conscience, witnessed on one or two occasions."

Mr. Hutchison has known the convicts at the Penitentiary, Milbank, break down with their fingers, in their urinary utensils, a good figured motion, and intimately mix it with the urine, so as to induce the belief that it was really a diarrhoeal evacuation.

The authors of the art. FEIGNED DISEASES, in the *Cyclop. of Pract. Med.*, state, that the same deception is practised by the slaves in the West Indies to escape labour; and that, in order to procure the blood to make the appearance more complete, they tear their gums—sometimes even to the destruction

¹ In Hutchison, Surg. Observ., p. 181. See also Cheyne, in Dub. Hosp. Reports, vol. iv., p. 171. ² Hutchison.

of their teeth. A little attention to the character and appearances will, in most cases, lead to a detection of this imposture.

If the blood be of a clear *red* colour, we ought to have symptoms indicating some affection of the rectum and lower part of the large intestine; if of a *dark red* colour, of some of the higher parts of the intestine. If we have blood without fæces, we must look for disease of the small intestine. If the passing of blood *precedes* the fæcal evacuation, we should recognise an affection of the large intestine; if it *follows*, we should expect it to come either from the small intestines or from hæmorrhoids.

The stools may be rendered of a dark bloody colour by the use of logwood. By introducing a soap suppository into the rectum, and retaining it there, a mucous discharge might be at any time procured,¹ which could easily be rendered bloody. Sometimes more acrid matters are introduced into the rectum for that purpose.² But more frequently drastic purgatives are taken in sufficient quantity to produce this effect.³

When acrid substances, however, are thrust up the rectum to procure an artificial diarrhœa, their use, or the presence of some acrid cause will be suspected, by the headach, flatulence, thirst, febrile heat, and phenomena of inflammation, sometimes by the discharge of blood from the hæmorrhoidal vessels, which they occasion. We must not rest satisfied, therefore, until we have satisfactorily ascertained the nature of this *sudden* exciting cause.

The preceding, accompanying, and subsequent phenomena, throw much light on the diagnosis. We should, therefore, direct our attention to the effects of food, the precedence or presence of nausea, flatulence, or vomiting; the precedence of constipation, the occurrence of acute inflammation, the degree of collapse and impairment of the strength; the occurrence of pain before,

¹ Marshall on the Enlisting.

² Sir Geo. Ballingali, p. 583; also Cheyne, in Dub. Hosp. Rep.; and Marshall's Hints, p. 122.

³ Copland, Dict. of Pract. Med., vol. i., p. 886.

or at, or following each evacuation; of tenesmus; the state of the abdomen, whether swelled, hot, and painful to the touch. We must also have regard to the quantity, consistence, form, colour, and odour of the excrements; also to whether digestible substances pass away half or not at all digested; the presence of serum; thin, fluid or thick, thready or viscid, or purulent mucus; the presence of bile, of false membranes, of worms.

If the evacuations are devoid of odour, the substances are rapidly excreted, and the food only half digested, we should expect these phenomena, where the diarrhœa had been artificially produced; on the other hand, we should expect them to be extremely fœtid in dysenteric ulcers of the intestines, in many gastric catarrhs, &c.

The state of paleness and wasting of the body; the sense of chilliness; dryness of the skin, the loaded state of the tongue, and the diminution of the urinary secretion, are also symptoms, the importance of which, in forming a correct conclusion, will be readily recognised.

The epidemic dysentery of India is invariably attended at its onset by a derangement of the functions of the liver and the skin; the stools are mostly fluid, without fœtor, and no scybalæ are observable; the tongue is covered with a yellowish crust, and the pulse is quickened. If these symptoms be not arrested, the chronic stage sets in, characterised by mucous discharges, attended with pain of the abdomen, and distaste for food, producing extreme debility and emaciation. A careful comparison of the above symptoms of dysenteric affection, with those presented by an impostor, will guide the medical officer to a correct diagnosis. Isolation, so as to avoid collusion, the furnishing a close-stool, and frequent inspection of the evacuations, afford us the best means of discovering and checking the fraud. Where the pretended dysentery has lasted some time, this test alone will be sufficient. As the odour of persons suffering under this disease is peculiar, and though it is impos-

sible to convey an idea of it to one who has not experienced it, when once recognised, it cannot be forgotten; "it is very offensive, and, at the same time, acid, and independent of that of the matter ejected from the bowels,"¹ its presence or absence should be marked.

In examining the stools, we should bear in remembrance the unnatural colours of which they may be tinged by various substances; thus, by the employment of hæmatoxylin and its preparations they become of a bloody red; decoctions of senna tinge them green, calomel likewise renders them green, and often streaked with yellow; by the use of the tamego, and other deep coloured wines of Portugal, the stools acquire a tinge almost approaching to black.

Men have been found preparing themselves for a daily enumeration of the symptoms from the perusal of medical works. *Zimmerman's Treatise on Dysentery* has been put to this use.²

The recommendation of the Circular from the Army Medical Department, 22nd January, 1830, will, if known generally, obviate its provocation, as it is there advised to accommodate the patients in hospital until the disease terminates by recovery or death.

DISLOCATIONS.

Dr. Quarrier mentions a case in *Hutchison's Observations*, p. 160, where a man, after feigning disease in a variety of forms, by accident dislocated his humerus, and who ultimately acquired the habit of throwing his arm over his head, by the side of the bed, and, by a sudden jerk, displacing the head of the bone, threw it under the pectoral muscle. This man succeeded in his desire of invaliding, though the fraud was known. I am aware of an individual, who, having accidentally dislocated the patella, is now in the habit of intentionally producing this state for the purpose of "declaring on" a benefit society, of which he is a member. The frequency with which he applied to me

¹ Dr. Brown, *Cyclop. Pract. Med.*, vol. i., p. 656.

² *Hutchison, lib. cit.*, p. 469.

for a certificate roused my suspicions as to the accidental nature of the injury, which were confirmed by finding in him no desire for the adoption of any remedial means, and an anxious solicitude to be considered unable to perform any work at all. Circumstantial, not medical evidence will be required in cases of this kind. The disease not, I think, be *feigned* with but a very remote chance of success.

FRACTURES.

The disqualifying effect of these injuries is very frequently exaggerated, and sometimes it is entirely feigned.¹

Recruits who wish to be rejected at either intermediate or final inspections ;—and sometimes soldiers, who are anxious to be discharged, affect impaired health or disability in consequence of fracture of the skull or some of the cylindrical bones. When a soldier who has had a leg fractured, wishes to procure his discharge and a pension, he commonly refuses to admit that he has recovered the use of his limb ; he affects lameness, and complains of pain at the part where the fracture took place. Upon these grounds, a malingerer establishes his inability for duty, and consequently his claim to be discharged. He frequently, however, fails in his scheme, by over-acting his part. In the year 1818, it would appear that this was by no means an uncommon practice with the native cavalry in the East India Company's service, as the Marquis of Hastings "cautioned those who received simple fractures, &c., using means to distort their limbs, and otherwise retarding and rendering imperfect their cure." There is often no evidence of fracture but the man's own testimony. When fracture of the cranium is feigned, the man asserts that he becomes deranged when he tastes spirituous liquors ; and if of the bones of the inferior extremities, he complains of occasional pain of the part, that he is unable to endure fatigue, and so on, &c.

¹ Circular, Army Medical Department, 22d Jan., 1830.

Marshall has met with three instances where individuals pretended to have had their thigh-bones fractured; they walked lame, and in each case one limb seemed shorter than the other; the last symptom he states was found to arise from powerful contraction of the muscles of the limb, but it is more probable to suppose it to have arisen from obliquity of the pelvis. The authors of the article FEIGNED DISEASES in the *Cyclopædia of Practical Medicine* know an instance, where a man obtained his discharge by alleging that he had a plate of metal in his skull, placed there in consequence, (as he said,) of a fracture. They state also, that medical men have been reproved for approving men with plates introduced into their heads. (Referring probably to the letter addressed by the Adjutant General, to the Commander of the Forces in Ireland, on the case of William Dempsy, approved by Dr. Brown, in the Dublin district.)

The simulators of this disability must have met with very credulous auditors, for it is to be presumed they did not examine their heads.

The unblushing impudence with which impostors sometimes pretend to suffer under a feigned complaint, is almost beyond what could be imagined; although, perhaps, not more surprising than the occasional credulity of professional persons. For instance, the case of William Dempsy, related in Marshall.¹

I think it is barely possible for a well informed and attentive practitioner to be deceived in such cases.

The union of a fractured bone may be retarded, or even entirely prevented, and a false joint formed, by frequent motion of the limb; when, therefore, a medical officer is fully convinced that in a case of fracture a patient is designedly interrupting the curative process, with the intent to produce a useless limb, and thereby obtain his discharge and a pension, he will be justified in bringing the man before a court-martial, under the 25th article of the Pensioning Warrant, as "intentionally pro-

¹ Marshall, on the Enlisting, &c., p. 255.

tracting his cure"; since, besides the pernicious example which such success would be to a regiment, there is no case in which the professional character of the medical officer would be more likely to be called in question. When any doubt exists with regard to an alleged fracture of the lower extremity, the apparatus of the German surgeon Hogedorn may be used; the application of which an impostor will find so irksome, that he will soon be glad to rid himself of it by abandoning his fraudulent attempt. Sir George Ballingall, in his Lectures, related the case of a deserter who feigned fracture of the thigh, who was overcome on the second day of the application of the apparatus.

MORBUS COXARIUS.

The disabling effects of disease of the hip joint are sometimes counterfeited by the same expedients as are mentioned in FRACTURES, and for a similar purpose.¹

This imposture is easily detected by placing the man upon his back and examining both thighs. The muscles of the limb, falsely alleged to be contracted, will be found hard and in full action, while the muscles of the other limb are inactive and soft. But we must be cautious in our conclusions, as Dr. Duncan and Dr. Bateman in the Edinburgh Infirmary supposed a real case to be feigned.² The actual cautery being the remedy to be employed in the true affection, (except, perhaps, in the third stage, when the disease is nearly hopeless, and cannot be feigned) will probably have a powerful effect in causing the simulator to give in.

SWELLED LIMBS,

Œdema of the limbs is sometimes produced by ligatures being fraudulently placed round the extremities; and is sometimes carried to such an extent as to produce the appearance of inflammation, and even of the formation of abscesses, as occurred in cases which came under the notice of Mr. Jones, Assistant

¹ Marshall, *opu citatus*.

² Lancet, N.S., vol. vii., p. 737.

Inspector of Hospitals and Dr. Fallot. In all doubtful cases the extremities should be completely uncovered and carefully examined.¹ Detection is here obvious enough, and need not therefore be more adverted to in this place. The neglect of this simple rule may lead to a great deal of trouble, as may be shown by the following case, related by Fallot. A man had an enormously swollen hand and forearm, the skin of which was of a purplish colour; under the use of various means the swelling gradually diminished, and he left the hospital in three weeks. In a short time he returned as before, with a ready reason, sometimes better, sometimes worse; pharmacy was exhausted in vain, an incision gave exit to some dark coloured blood, and the swelling again insensibly disappeared after six weeks' sojourn. In eight days, he once more returned as if nothing had ever been done for him; the skin was of a reddish brown or black colour; there was scarcely any or no sensibility on pressure, the patient only complaining of a dull heavy pain. The surgeon now did what he ought to have done at first; he caused the limb to be bared, and found a tight ligature round the upper part of the arm, with a piece of wood for regulating the pressure.²

Perhaps the most complete mode of detection would be to visit the patient, and examine the part, while the ligature is actually employed and in operation; which is generally from a quarter of an hour to an hour and-a-half or two hours earlier than the customary visit of the medical officer. Baron Larrey relates the melancholy instance of an individual, who, whilst in hospital on account of a sprained ankle, applied a ligature to the leg, and placed it in an unfavourable position, so as to produce infiltration. By these means a gangrenous spot appeared on the anterior part of the foot, and spread rapidly until the whole of the limb became mortified, and

¹ e. g. Marshall, also Isfordink and Fallot.

² *Memorial de l'Expert*, &c., pp. 247, 248.

amputation made necessary. Marshall relates a case in which great œdema was produced by a ligature, and which was reported to have existed for eighteen months, but which disappeared rapidly on the discovery of the cause, and preventing a recurrence to its use. Lombard also relates a similar case.¹

ANASARCA,

Sometimes an œdematous swelling, resembling anasarca, is produced by tightening the strings of the drawers; sometimes œdema of the arm is produced by hanging the limb over the back of a chair, and making considerable pressure upon the course of the axillary vessels for some time previous to the customary visit; at other times ligatures are employed. When anasarca exists without any other symptoms of disease, the patient should be immediately stript, to ascertain that there is no mark of ligatures above or below the knee or elbow, he ought also to be examined for the same purpose when he is in bed, especially in the morning. The presence or absence of a cachectic or leucophlegmatic appearance ought to be noted.

ELEPHANTIASIS.

Marshall mentions a case where an appearance of the limb simulating elephantiasis was produced by a ligature. This man had been sent to Chatham from India to be invalided. The thigh measured in circumference twenty-two and three quarter inches, the calf of the leg seventeen and a half, and the ankle fifteen inches; in six days after the removal of the ligature the thigh had decreased to twenty inches, and the other parts in proportion, the means of detection are contained in the two preceding articles.

VARICOSE VEINS.

Marshall says, he has reason to think that a ligature is

¹ Memoire sur la Compression.

sometimes employed for the purpose of aggravating, if not of occasioning varicose veins of the leg, and mentions such a case.

Ligatures placed upon a principal vein, to prevent the free return of the heart, may in time occasion varicose veins; provocation is admitted, but not simulation; in the sense, at least, of the word, as it is employed in the matter of exemption from service.

The means of detection are contained in the preceding article.

PARTIAL ATROPHY.

Partial emaciation, or wasting of a limb, is not an uncommon resource of the impostor, more particularly among mendicants, who effect its production chiefly by means of continued compression. The fleshless and motionless arms which these people are frequently seen exhibiting at fairs, &c., have been at first intentionally produced by long continued bandaging; but in the end, the greater number of them in reality become as powerless as at first they pretended them to be.

In the army and navy it is hardly possible for the individual to find time or opportunities to effect the continued compression necessary for this result. Sometimes, however, the circumstance of one arm being considerably smaller than the other is taken advantage of, and the impostor pretends that the wasting is of recent occurrence, and is accompanied with loss of muscular power, and with pain.

Frequent examples occur among recruits, where one extremity is from half to three-fourths of an inch thicker than the other, without the function of the smaller limb being impaired.

The Duke of Gloucester, afterwards Richard III., had an arm of this sort; and is related to have taken advantage of it for purposes of deception.

Discrimination, in such cases, will sometimes be very difficult, but will be aided by the firmness of the muscles of the limb, which is merely disproportionate, and the want of firmness in that which is attenuated from disease or compression. The

diagnosis between artificial and real wasting is very difficult. Detection must, in most instances, depend upon a strict examination, and a variety of considerations thereby furnished to the duly qualified examiner.

The partial wasting of the limb exhibited to us may be a real disease, and may have arisen from some injury to the nerves supplying the limb. In one case, if the injury have been inflicted upon a ganglial nerve, the wasting will have been produced directly by the arrestment of the nutritive actions; in the other case, if the injury has been inflicted upon a voluntary nerve, it will result from the inaction of the limb. We shall readily recognise those cases of partial atrophy which result from the brain; from a diminished supply of blood; from lead colic; from inflammation, and from unreduced dislocations.

SKIN DISEASES.

Most of the cutaneous affections may be simulated, and many may be excited. Irritating and acrid substances, in different individuals, often excite very different morbid appearances; orpiment, cantharides, squill root, have this proptly

ALOPECY.—Nothing would be more easy to obtain than complete baldness, or depilation of the head; if such a state were accounted a sufficient cause for exemption from the service, or from duty, or if it were necessary or desirable as a pretext for the accomplishment of some object. In vain men present themselves with a naked and shining scalp, pretending that this state is the result of an old dermoid affection, (psoriasis, or impetigo,) but, in reality, presenting some of the appearances of porrigo decalvans. We can scarcely be the dupe of their imposture, unless their habit of body be lank, and their visage pale and cachectic; such as we commonly observe in those who have been affected with chronic psoriasis or impetigo. We rarely find such men

strong, or unaffected with some other disease, as affections of the urinary organs, or a tendency to phthisis.

As alopecy would not be considered of material consequence, unless symptomatic of general debility and constitutional exhaustion, or sympathetic of inflammatory dyspepsia, its further consideration is of little importance.

URTICARIA.—Some conscripts in France having accidentally discovered that certain articles of diet excited an efflorescence upon the skin, successfully availed themselves of this gastric peculiarity; they pretended that the temporary cuticular discoloration was a chronic cutaneous disease, and thereby obtained exemption from military service. Fallot relates the case of a man, who, previous to appearing before a medical officer, swallowed a large quantity of shell-fish, which in him produced an universal eruption of urticaria. With a similar view acrid substances have been made use of. In this country it is well known that modifications of the febrile nettle-rash are produced by certain articles of food; especially by shell-fish, such as lobsters, crabs, and shrimps, but above all, by muscles; also by the spawn of certain fishes, as crab-fish; and by mushrooms, cucumbers, &c. In some persons the internal use of valerian produces this effect. These modifications of nettle-rash are generally attended by great disorder of the stomach, and violent epigastric pain. Their appearance almost immediately succeeds the ingestion of the offensive ingesta; and though the symptoms are extremely violent for several hours, they generally disappear in a day or two.

It is very improbable that the well educated surgeon should mistake the temporary and sympathetic appearance of nettle-rash for any other cutaneous disease; a few days in hospital, with proper treatment, will generally suffice, at once to detect and to cure the imposition.

PSORIASIS, and IMPETIGO.—These affections have been not

unfrequently simulated, and are, of all the diseases of the skin that may be artificially simulated or excited, those which are most especially the resources of the impostor. An attentive examination, however, soon recognises those eruptions which are due to the application or internal use of substances strongly salted; the external application of acrid, caustic, and other irritating substances, such as even urtication itself. These never present (unless there be a most persevering use of the means) a symptom common to the true tetter; namely the asperity of the skin which surrounds the diseased, and marks the demarcation between it and the healthy part. Another circumstance which may serve to clear the diagnosis is, the localisation, the isolation of the simulated tetter; whereas the true increases by degrees, and spreads to the neighbouring parts. Moreover, local tetter, produced by the action of particular irritants on the cuticle, speedily disappear when the source of irritation has been removed.

It is to be remarked, that in such simulated yet excited diseases, we are not consulted as to the *existence* of disease, but as to its *permanence* and *curability*; this is more especially true with regard to those peculiar cases in which particular irritants, in some persons, produce pustular patches, which arise and extend at a distance from the part which has been irritated, and which continue thus to arise in succession, and extend for a fortnight or more after the irritant has been withdrawn.

POMPHOLYX.—The form of this affection which has been simulated, and which is alone open to artificial production, is pompholyx solitarius. It has been excited by the application of blistering plaster, and the detection of this fraud is not so easy as the large vesication “closely resembles the effect produced by a blistering plaster.”¹ This form of disease, however, is rare

¹ Batenian on Cutaneous Diseases, p. 204.

and seems only to affect women;¹ hence its appearance in a soldier would be highly suspicious. The imposition may often be detected by carefully examining the vesicles, as parts of the flies are apt to adhere to them. In the *Cyclop. of Pract. Medicine*, it is stated, that a case was detected in this way; and Hennen observes, that Dr. Bartlett, of the 88th, detected the imposition in a similar manner.

PORRIGO.—Two varieties of this disease have been simulated; namely, porrigo favosa and porrigo decalvans. Men have tried to simulate the first variety by means of different caustics; that which is most frequently employed is nitric acid, in the form of drops, (the effect of which is limited by the application of some fatty substance to the head). The hair on which the acid falls is destroyed. In the more chronic state it is imitated by the use of depilatories of different kinds; as the sulphuret of antimony, and quick-lime, &c. One individual succeeded very well in simulating porrigo by means of a paste composed of rancid butter, honey, sulphur, and a small quantity of powder of cantharides; the head exhaled an extremely foetid odour, and the man would have gained his end if his scalp had not been very carefully examined.

In the simulation of porrigo decalvans, the application of nitric acid, or of depilatories, is limited by the application of greasy substances.

It is not easy effectually to simulate porrigo favosa, because, in the true disease, the head exhales a peculiar, nauseous odour, which can scarcely be given to the simulated affection. Bateman states that the discharge from the ulcerated surface, especially when the crusts are removed, exhales an offensive rancid vapour, which not only affects the organs of smell and taste, but the eyes of those who examine the diseased parts.¹

In the real affection, the hair of those who suffer from

¹ Bateman on Cutaneous Diseases, p. 204.

² Ut cit., p. 251.

true ringworm is spare and thinly scattered; there is little in front, the eye is pale, the face pallid and cachectic.

The simulation of porrigo decalvans, by the application of nitric acid, will be detected by the yellow stains which result, in place of presenting the smooth, shining, and remarkably white appearance proper to the true disease.

In general, whatever be the means employed, it is easy for the practised physician to recognise frauds of this description, by the tractability of the factitious affection, when cleansed and subjected to remedial treatment.

In France a law was passed, about the year 1828, which directed that conscripts who might be drawn for a contingent, and who were presumed to have contracted tinea voluntarily, were to be approved, and sent to a military hospital.

ERYSIPELAS.—I have been informed by Dr. Hughes, of Guy's Hospital, of two cases of simulated erysipelas: in both, the application of blisters had been premised to produce red discoloration. The well defined margin, showing the limit of the application of the irritating application was sufficient, at once, to point out the nature of the simulation.

SCABIES.—A practical discrimination of this disease from other papular, vesicular, and pustular eruptions, is often more difficult than in any other order of cutaneous disease, and is of considerable importance both to the patient and the character of the surgeon. But the simulation of this disease, by the means which have been resorted to for the artificial excitement of the consequences produced by the presence of the *acarus scabiei*, is not so difficult to recognise as the differential characters of these affections.

The means which the impostor employs to simulate this affection, are by needle punctures upon the wrist, between the fingers, and other joints, and inflaming them with gunpowder. It is related that formerly sailors frequently thus simulated

the affection, that they might be carried ashore, and placed in the hospital, whence they might escape. Such an imposition might succeed in former times, but its success now would prove a deserved stain upon the character of any medical man.

VARIOLA.—Has been simulated by somewhat similar means to those related in the previous disease. The imposition consists in puncturing the arms and breast with a needle, and then rubbing in bay-salt and gunpowder. It is stated, that this produced an appearance like the eruptive stage of small-pox; and that the impostor aided the deception by groaning very dismally during the night time. It is enough to mention that such a simulation has been practised.

GOUT.

Foderé remarks, that in France, soldiers occasionally feign gout and gouty pains; and Beck, probably upon his authority, states that gout is a disease sometimes pretended; and for which the soldier is always ready to assign sleeping on the ground as a cause; but as this disease has diagnostic marks it will easily be detected. Tumefaction or diminution of size, with retraction or loss of motion, if not present, ought to make us very chary of belief. The physical characters will be sufficient to declare the truth.

STRICTURE OF THE URETHRA.

Mr. Hutchison remarks, that this affection was not unfrequently simulated by naval officers, during the war, when they wished to leave a ship, perhaps in consequence of some disagreement.

The introduction of a bougie is commonly advisable; it is not, however, at all times, easy to ascertain the state of the urethra by one experiment, as a spasmodic action of the parts may occasion an obstruction to the bougie, resembling stricture. Mr. Marshall has known a case, where it was

suspected the individual possessed the power of obstructing the passage of a bougie.

Mr. Hutchison, in cases of this kind, placed the patient's back against the wall, so as not to admit of retreat, then introduced the bougie, when the passage of the instrument often became very difficult when it reached the perinæum. To ascertain whether this stoppage really was the result of a stricture, or merely of a voluntary constriction of this part of the canal by the neighbouring muscles, he made gentle pressure with the instrument, by moving it somewhat quickly backwards and forwards against the stricture, and yet without using any force. The surgeon then drew off the patient's attention by questions, when a gentle movement of the instrument forwards passed it on into the bladder, if there really was no stricture. In this way, he believes, we may discover stricture, in nine cases out of ten.

OTORRHOEA.

This disease of the ears, which produces an insupportable and foetid discharge, has been simulated and excited by soldiers and conscripts, with their usual object of obtaining a discharge, or escaping from duty, or exemption from service.

It has been *simulated*, even effectually, by introducing a little honey into the external meatus;¹ by injecting pus into the auditory tube²; by introducing into it rancid tallow, mixed with empyreumatic stinking oil, asafoetida, or old cheese.

It has been *excited* by introducing a piece of charpie covered with the powder of cantharides, or an epispastic instrument, and repeating the application until the auditory canal has become ulcerated, and a discharge of puriform matter established. Various acrid substances have been employed. Short injecting syringes, small perforated sponges

¹ Marshall's Hints, p. 165.

² Coche, lib. cit., p. 162. Dict. des Sciences Méd., t. li., p. 248.

and pincers, are the means made use of.¹ Young men by introducing into the ear various irritating liquids, more often *excite* than *imitate* the disease.

For the means of detection, which will rarely be difficult, sufficient remarks have been made under the articles DEAFNESS and ULCERS. Kirckhoff says, that the medical officer ought not to be duped by tricks of this kind; and Coche states, that on attentive examination, one will be convinced that there is only need of active surveillance on the part of the immediate superiors during early service, and of a short stay in the regimental hospital, to render ineffectual this scheme of fraud. He relates a case to support this view.

CANCER.

Cancer has been simulated by the means mentioned under ULCERS, LUPUS;² *e. g.* the case that occurred to Pierre Pigray,³ in which a cow's spleen was employed. This account leads to the inference that it was formerly practised on some occasions for the purpose of performing miraculous cures. See also the case that is related by Paræus,⁴ of a sponge moistened with milk and blood, applied under the arm-pit.

According to Coche, ordinary ulcers for a long time irritated by the action of caustics and simple irritants, have sometimes taken on the character of cancerous degeneration, this assertion can only be correct in those cases in which the carcinomatous diathesis is present.

Simulators indeed in such instances have gone beyond their end, as they have induced a disease which they could scarcely have seriously contemplated. Imitation, pushed to such an extent, takes the name of *provocation*; although examples of this kind are rare now-a-days, they were formerly rather common.

Information as to the nature of the disease would probably

¹ Coche, lib. cit., p. 160.
vii., ch. 8.

² Vide Dict. des Sciences Méd.

³ Chirurgie, t.

⁴ Lib. xxiv, cap. 18.

frighten most impostors. Attentive examination, and a careful discrimination of the signs of carcinomatous degeneration from simple induration of the cellular tissue, and observing whether general signs of cachexia be present, will be sufficient for detection.

FISTULA IN ANO AND FISTULA IN PERINÆO.

In France, this disease was found to be simulated by making a punctured wound near the verge of the anus, and subsequently introducing a tent made of the root of the milk thistle,¹ or white hellebore, into the wound, for the purpose of developing callosities and rounding the opening. It has been stated, that the presence of these roots will be sufficient to discover the imposture, as if their absence negated the idea of simulation.

Orfila says, it is only in the case where less expert simulators present a slight cicatrix, or a passage without callosities, that those who have never observed the disease may be deceived. But an opening may exist without callosities, and the disease be real. It is in the urinary fistula that callosities are always present.²

In fistula in ano a probe will easily point out the extent of the puncture; and in fistula in perinæo, imitated by the means mentioned, we should look for stricture of the urethra. The introduction of a bougie will point out the degree of permeability of the urethra. If the passage is free there is the greatest reason to doubt the nature of the malady.

OZCENA.

This affection is sometimes *simulated* by saturating a piece of sponge, or other substance, with some offensive juices, or oils, mixed with decayed cheese, and introducing the imbued substance into the nostrils.³ The thread which sometimes serves to retain the bundle, has been passed behind the velum

¹ Coche, lib. cit., p. 236. Orfila, lib. cit., pp. 25, 26., 2nd. ed. Marshall, lib. cit. Beck and Dunglison.

² Coche, de l'Operation, p. 236.

³ Marshall.

pendulum palati. A surgeon ought easily to determine the nature of such a case ; but where the disease is *excited* by provocation it is much more difficult. It ought not, however, to be considered otherwise than as a symptom of disease, and the pathological state ought to be determined. Sometimes it arises from a wound, contusion, syphilis, old repressed eruptions, &c. If arising from the introduction of various caustics, &c., these, if possible, ought to be determined, and it will then rest with the medical officer to take such steps as may be deemed proper for the suppression of the fraud. It is requisite to examine the alveolar arch below the antrum, and ascertain whether there is reason to suspect disease of that cavity, and also to examine carefully the state of the nasal bones. If injections produce no pain or discharge of blood, if no swelling of the nasal mucous membrane be detected, and no denuded rough bone be recognized, and if no symptoms of disease of the antrum be visible, then it may be presumed that the disease is counterfeited. In real ozœna, also, the patient's voice is generally nasal; whereas, in the simulated disease, it is either natural, or less nasal than in the real disease.

FCETID TRANSPIRATION.

Nothing is more easy to simulate than this troublesome inconvenience, by anointing the skin with the animal oil of Dippel,¹ asafoetida, the remains of old cheese, or the oily grease from a cart or carriage wheel,² putrefying fish.³ The axillæ are generally chosen for this purpose.

If we suspect men who present themselves with this infirmity, and find them not to be of a ruddy appearance, the simulation may be discovered by causing them to be carefully washed; which, however does not always succeed, as the Malgaches, and other islanders, become of so disgusting an odour, from

¹ Dippel's oil is the rectified empyreumatic oil of hartshorn, but is prepared also from blood and various animal matters.

² Fallot, lib. cit., p. 250. ³ Foderé, Méd. Lég., Dict. des Sciences Méd. Coche, p. 293. Orfila, Léçons. Marshall.

the force of habit, that nothing can dissipate the abominable fœtor. Fœtid transpiration from the feet is generally imitated by smearing them with some stinking grease, &c. The real state of fœtid transpiration is inconsistent with a state of sound health of all the other organs; therefore the cause of which it is the effect ought to be determined. It is then, this cause which ought to be carefully searched for, in order that the disposition in question may be a ground of exemption from duty or service, or a cause of discharge.

When the symptoms continue for some time in an individual otherwise sound and healthy, the physician is authorized in presuming some fraud.

The simulator, besides having the feet bathed or sponged, ought to sleep alone, until the odour cease, or its cause be known. He ought besides, to be unexpectedly visited by day or night, especially after having walked a considerable distance.

FŒTID BREATH.

It occasionally happens that those who wish to simulate some signs of disease, fix upon this symptom as their choice.¹ “On a vu plusieurs fois des hommes qui, pour avoir une haleine fétide, et êtres déclarés incapables au service militaire, mangent toutes sortes de choses propres à occasionner cet effet.”² The common usage is, to employ fœtid juices, old cheese, and other like means. But fœtid breath alone ought only to be an incitement to special surveillance, on the part of the hospital as well as to attendants, unexpected visits of the surgeon. Emetics may, in some cases, tell the truth; and the sulphate of zinc, as the speediest and least nauseating remedy, may be employed.

POLYPUS OF THE NOSE.

Attempts have been made to simulate this affection in the nose, by introducing the testes of a cock, or the kidneys of a

¹ Coche, lib. cit., p. 147.

² Kirckhoff, Hygiène Mil., p. 19.

rabbit, into the nostril, and retaining them there by means of a small piece of sponge.¹ sometimes these are impregnated with foetid juices. But these attempts are rendered useless by a good conformation of the nose, and the physiological state of the mucous membrane.

The provocation of sneezing, excited by means of euphorbium, veratria tobacco, or mechanical titillation, always suffice to determine the exit of these foreign bodies when they are present. Fallot relates the case of a young soldier, who, by the aid of Belloc's sound, introduced a large piece of kidney, which entirely filled up the right nasal fossa, where it was tightly fixed, and which disfigured him exceedingly.²

PROLAPSUS ANI.

In some cases of prolapsus, it is not easy to say whether the disease is present in reality, owing to relaxation, or the result of a culpable manœuvre to produce it. Thus it is related by Percy and Laurent, that a man introduced into the rectum the bladder of a sheep, and distended it with air and violently retracted it, whereby prolapsus of the gut was produced. In such a case the real disease existing, its amount and consequences would then become the grounds of our judgment.

The gut of the ox, for which see a case related by Ambrose Paré,³ and little prepared bladders of the sheep, have been introduced by one extremity into the rectum, leaving the other hanging out at the anus to imitate the prolapsus.⁴ Fallot relates the case of a young man who succeeded in his attempt to deceive by applying against the anus, and artistically fixing there, the everted anal extremity of the bowel of a colt or hog: he also relates the case of an individual who had a relaxed, but

¹ Dict. des Sciences Médicales; also Coche, lib. cit., p. 143.; Marshall, on the En-listing, &c.; and Cyclop. of Pract. Med., vol. ii., p. 151.

² Memorial de l'Expert, p. 238.

³ Livre xxv., chap. 33.

⁴ Coche, lib. cit., p. 232; also Plenck, Elementa Med. et Chirur. For., p. 111. Mahon, Méd. Lég., vol. ii., p. 357.

not everted bowel, who ceased to solicit his discharge on a proposal to cure the disease by an application of the actual cautery.¹

The disease cannot be *simulated*, under the hands of the merest tyro, with the faintest chance of success.

HÆMORRHOIDS.

Discharge of blood from the anus is easily feigned or imitated.² However ridiculous the simulation of hæmorrhoids may appear, it has been attempted at different times.³

The bladders of rats or small fish, partly introduced into the rectum, resemble piles so much as to have deceived superficial observers.⁴ It is in regiments of cavalry that the simulation is most common; and when it appears it is rarely confined to a single case. Whenever we perceive a temporary contraction of the anus, and that the tumour returns from time to time, we ought to suspect that the individual has placed something in the anus, by which to retain the foreign body which simulates hæmorrhoids.⁵

The broad base, and the violet colour of old piles render the fraud impossible when we can see the origin of the tumours.

When the bundle is situated higher up, we ought to ascertain with the index finger, the first character pointed out, viz., the broad base. If a foreign body has been placed in the anus to imitate a hæmorrhoidal tumour, it will be detected by the displacement of the artificial body—it may then be extracted. When punctured with a needle, a proceeding which can have no troublesome consequence in real hæmorrhoids, the false tumour collapses.

The state of the bowel itself—the presence or absence of hæmorrhoidal tumours, or a varicose state of the vessels can easily enough be ascertained by careful examination with the

¹ Lib. cit., p. 279.

² Cyclop. Pract. Med., lib. et loc. cit.

³ Beck, Medical Jurisprudence, p. 10.

⁴ Coche de l'Operation, &c., p. 230. Cyclop. Pract. Med., vol. ii., p. 143. Marshall, on the Enlisting, &c. Fallot, Memorial de l'Expert, p. 277.

⁵ Dict. des Sciences Méd.

index finger ; but simple discharge of blood from the anus is more easily feigned, and the deception is detected with greater difficulty.

If an examination of the rectum or anus show the presence of hæmorrhoidal disease, then the hæmorrhage may be attributed to it ; but if the blood be clotted, very dark, mixed with the secretions or fæces, or consist of small coagula—unless we have indications of its having come from some part of the canal above the seat of hæmorrhoids—we may conclude that the blood has been procured, and stirred or mixed up with the evacuations of the bowels.

I have met with a case, in a lady, of the *pretension* of hæmorrhoids, no actual disease existing.

JAUNDICE.

Notwithstanding the difficulty of the attempt, jaundice has been successfully simulated, particularly in France, during the late war. The yellow colour of the skin in this disease has been imitated by painting it with an infusion of the root of *curcuma longa*,¹ tincture of rhubarb,² an infusion of soot,³ by rubbing it with the bruised flowers of the broom,⁴ or the stamina of the lily or iris ;⁵ carthamus seeds have been employed,⁶ and the body has been frequently painted with a diluted solution of saffron.⁷

Hitherto, the simulators of jaundice have not effectually succeeded in colouring the adnata, although smoke,⁸ has been employed for this purpose, and tobacco has been blown into the eyes.⁹ It is said that clay-coloured stools have been produced

¹ Marshall, Foderé, Fallot, Orfila, Plenck, Beck, ut cit., Cyclop. Pract. Med., vol. ii., p. 145.

² Coche, Orfila ; e. g. Dict. des Sciences Méd., t. li., p. 341. Beck, p. 11. Cyclop. of Pract. Med., vol. ii., p. 145.

³ Marshall on the Enlisting, &c.

⁴ Foderé, Traité de Méd. Lég., t. i., p. 154.

⁵ Hennen, Foderé, Percy and Laurent, Fallot.

⁶ Orfila, Foderé, Hennen.

⁷ Plenck, lib. cit., p. 112.

⁸ Marshall, op. cit.

⁹ Dict. des Sciences Méd.

to perfection by taking a small quantity of muriatic acid.¹ The colour of the urine has been heightened by rhubarb.² And pebbles have, for a time, been passed off as gall stones.³

In such cases it is proper to remember, that real jaundice is frequently accompanied with extreme depression of spirits, languor, inactivity, and *watchfulness*; with a bitter taste in the mouth, thirst, *loss of appetite*, *nausea*, or *vomiting*; fulness, uneasiness, or pain at the epigastrium; occasional shiverings, and profuse perspirations; a distressing degree of itching in the skin, and *rapid emaciation*. The most unequivocal symptom, and therefore the most to be relied on, is the colour of the adnata; besides the adnata, the inferior surface of the tongue ought to be examined.

The skin may be decolorised by ablution with soap and water; but sometimes the colouring matter is so deeply imbibed that water has no effect in removing it. The urine of jaundice colours linen dipt in it, which happens in no other disease.⁴ It will rarely happen that a simulator will be so ingenious as to produce, at the same time, the yellow skin, the pale stools, and the high-coloured urine.

PNEUMATOSIS.—EMPHYSEMA.

This disease has never been feigned, though it has been frequently excited; that is to say, it has often been artificially produced, not for the purpose of imitating the real disease, but that it might serve as a pretext for the existence of other diseases. The means used to produce this affection, or to simulate various others, consists in injecting air between the integuments and muscles.⁵ It is a trick used every day by butchers, and has been known from time immemorial by the Ethiopians and mendicants of Abyssinia.⁶ Its artificial production for the

¹ Marshall, Cyclop. Pract. Med.; also Marshall's Hints, p. 154; also Dunlop's Beck, p. 9.

² Copland, Dict. of Pract. Med., vol. i., p. 888.

³ Med. Chirurg. Review, vol. xxii., p. 231.

⁴ Quart. Journal of Foreign Med. and Surg., vol. iv., p. 240.

⁵ Orfila, Leçons de Méd. Lég., t. i., p. 424.

⁶ Mahon, Méd. Lég., vol. i. p. 361.

Foderé, ut cit.

simulation of other diseases is regulated by a receipt current in the British army.¹

Emphysema of the abdominal parietes has been produced for the purpose of giving the appearance of truth to the pretension of *ascites*;² in like manner emphysema of the scrotum and of the groin are no uncommon occurrences among those who seek to imitate *hydrocele*³ and *hernia*.⁴ It is scarcely proper to the manner in which the subject of feigned diseases is considered in this essay to refer to cases in which this artificial production of disease has served to simulate other affections than those which are imitated by soldiers and sailors; but it is worthy of notice that a mendicant gave to his child the appearance of *hydrocephalus*, by opening the integuments of the head near the vertex, and then introducing air between them and the muscles. The infamous fraud was discovered by removing the patch which covered the hole, and prevented the air from passing out.⁵ I suppose Vidocq refers to this practice when he states that he could make his head swell like a bushel without giving pain, and that he could remove all traces of it by the day following.⁶ A mountebank at Brest produced similar inflations, together with the appearance of the most hideous deformity in a child, by means of the introduction of air, and the application of ligatures on various parts

¹ Cheyne, Dub. Hosp. Rep., vol. iv., p. 129. Sir Astley Cooper's Lectures, vol. i., p. 75. Sir George Ballingall, Military Surgery, p. 584.

² Foderé, Traité de Méd. Lég., vol. ii., p. 485.

³ Marshall, Ed. Med. and Surg. Journ., vol. xxvi. Fallot, Memorial de l'Expert, &c., p. 244. Ambrose Paré, cited by Foderé, lib. cit., t. ii., p. 485. Percy and Laurent, Dict. des Sciences Méd., art. Simulation des Maladies. Sir Astley Cooper's Lectures, vol. i., p. 75. Cyclop. Pract. Med., vol. ii., p. 144.

⁴ Hennen, Military Surgery. Foderé, Traité de Méd. Lég., vol. ii., p. 485. Orfila, Leçons de Méd. Lég. Ambrose Paré, ut cit. Mahon, Méd. Lég., vol. i., p. 362. Paræus, quoted by Plenck in his Elementa Med. et Chir. For., p. 111. Marshall, Hints. Dict. des Sciences Méd., lib. et loc. cit. Cyclop. Pract. Med., vol. ii., p. 144. Cheyne, in Dub. Hosp. Rep., vol. iv., p. 129.

⁵ Sauvages, Nosol. Method., t. ii., p. 497. See also Mangetus, who terms the disease *Physocephalus Artificialis*. Being detected, this wicked father was condemned to death.

⁶ Vidocq, Memoirs.

of the body.⁷ Sauvages makes mention of an unfortunate soldier that had his body wantonly blown-up by some butchers to such a pitch, that he could scarcely move his limbs from the extreme tension of the skin; and his breathing was so much oppressed and impeded, that he was obliged to seek relief by making deep incisions with a penknife about the region of the throat.²

In order to distinguish emphysema from the disease which it may serve to simulate, it will generally be found sufficient, in all cases, to examine attentively the surface of the body, when we may easily discover the small wound by which the air has been introduced; it is ordinarily covered by a small piece of plaster, which, being raised, the air is permitted to escape,³ and the would-be sick man to be cured.

HERNIA.

From all that has been written on this subject, by those who treat of feigned diseases, it does not appear that this disability has been frequently feigned, although, when it really exists, its disabling effects have often been exaggerated. The operation for hernia is very rarely required in the army, and is not a cause of much inefficiency. It is occasionally alleged as a ground of exemption from particular duties, and it frequently happens that considerable difficulty arises in determining whether the plea originates in want of will or real physical disability; hernia has however, been simulated for the purpose of effecting a discharge from the service.

A tumefaction, resembling this disease, is produced by puncturing the skin, and inflating the cellular membrane.⁴ This is the plan commonly employed by persons who imitate this affection. But the touch will promptly suffice to detect

¹ Foderé, *Traité de Méd. Lég.*, vol. ii., p. 485.

² *Nosol. Method.*, quoted by Sir George Ballingall, *Military Surgery*, p. 321.

³ Orfila, *Léçons de Médecine Légale*, t. i., p. 424.

⁴ Hennen, Orfila, Mahon, Marshall, Foderé, Paré, Fallot. *Dict. des Sciences Méd. Cyclop. of Pract. Med.* Cheyne; and Sir A. Cooper, *Lectures*, p. 69.

the fraud, and the slightest examination will discover the little wound by which the air has been introduced.

Hennen has detected this deceit; but says, its discovery is not so easy as might be imagined.¹ Still the suddenness of the tumefaction, and the general character of the subject, together with a close examination to discover the orifice in the integuments, ought to lead to the detection of such an artifice. This manner of simulating the disease, seems to have been in practice for a long time, as Paræus relates an instance of its being used by a mendicant.²

This is one of the diseases the means of simulating which is regularly preserved in regiments; as is proved by the following prescription, which was picked up in a ward of the King's Infirmary in Dublin, which had been recently vacated by a soldier, who subsequently availed himself of the directions it contained.

Puncture the bag with a corking-pin, and then by means of a piece of tobacco-pipe, blow it up with air; if a double rupture is wished, do the same on the other side, after which apply warm poultices to take down the inflammation.³

The sac of hernia has been ingeniously imitated with the bladder of an ox.⁴

Mr. Hutchison states, that he has met with a man who could, when he pleased, simulate hernia, by drawing up the testes to the rings of the external oblique muscles, and retain them there, so as to occasion an appearance resembling rupture.⁵

Marshall likewise states, that it has been successfully simulated by persons who possess this power.⁶ The testes are frequently found in this situation, and sometimes require considerable traction to remove them from it. Marshall found

¹ Military Surgery, pp. 456—457: ² Quoted by Plenk, in a note, p. 111.

³ Sir Geo. Ballingall, Military Surgery, p. 584. See Sir A. Cooper's Lectures, vol. i., p. 75. Cheyne, in Dub. Hosp. Rep., vol. iv., p. 129.

⁴ Mahon, Méd. Légale, t. i., p. 357. Marshall, Hints, p. 171; also Plenk, lib. cit., p. 111.

⁵ Pract. Observ., article Feigned Diseases, p. 186. ⁶ On the Enlisting, 2d edit. p. 32.

one in every 1000 men, in whom only one of the testicles had descended into the scrotum. Some individuals have the voluntary power of contracting and relaxing the cremaster muscle; others can elevate the testicle of one side, but not the other; and some individuals have been found, who could voluntarily raise a testicle, but had not the power of letting it return into the scrotum. According to Baron Percy, there are individuals who can voluntarily retract a testicle within the abdomen.

Marshall says, he has seen a number of individuals who possessed this faculty, and relates a case similar to Mr. Hutchison's: the man by this fraud obtained his discharge.¹ In all cases of hernia, simulated by retraction of the testicle, the absence of the testis from its place in the scrotum, will indicate the manner in which the appearance of hernia has been produced. Sir George Ballingall relates an amusing instance of the extreme simplicity of a dissembler of hernia. A recruit gravely asserted that he had a hernia of which there was no trace, but which, *he said*, was of that peculiar nature, that it always went up under fatigue, and that the exertion he had lately undergone had caused it to disappear.²

By the 20th Article of the Pensioning Regulations, no infantry soldier is to be discharged for rupture alone, except in extreme cases of disability. As a general rule, Marshall is disposed to think, "that every soldier who is afflicted with rupture, and who has not served the prescribed period to entitle him to a pension, should be discharged. In regard to ruptured men who have served this period, and whose condition cannot be characterised as extreme cases of disability, they may be employed in the execution of light duties, and retained in the service." "Rien n'est quelquefois plus difficile que prêter un jugement bien décisif sur le véritable état d'une hernie; c'est à dire de prononcer que la reduction est operée, et qu'elle est bien et solidement contenue. Toutes

¹ Hints, p. 169, et seq.

² Military Surgery, p. 576.

les fois qu'un homme est porteur d'un hernie, il pourra non-seulement, s'il veut tromper, affirmer qu'elle est difficilement contenue, mais il pourra aisément la reproduire à volonté par un fort expiration, ou des mouvements précipités d'inspiration ou d'expiration."¹

Major Savreux considers that a ruptured soldier is unable to surmount the fatigues of active warfare, but is usually capable of executing the duties of a garrison. Coche, from observations made during the late French campaign in Spain, comes to the conclusion that those suffering from hernia are nearly always obliged to enter hospital after a few days of active operations; since a truss, however well it may be applied, cannot prevent the entrance of the intestine into the inguinal canal, although it may prevent its descent into the scrotum. Rovin has come to the same conclusion, and observes, that hernia does not occur more frequently among soldiers than civilians, but that the duties of the former make strangulation a more common occurrence among them.² Marshall however remarks, that of an aggregate strength of 10,000, 10 are admitted on account of hernia, and that of every 78,796 men one died of hernia. Now in the mortality tables of the metropolis, the weekly average of deaths for four years is 912, and two of these arise from hernia, which would authorise the belief that strangulated hernia is comparatively rare in the army.

HYDROCELE.

Any liquid introduced into the tunica vaginalis, through a suitable aperture, may occasion inflammation of the testicle, and, at a later period, sarcocoele. Coche relates four cases where such results followed criminal attempts to simulate or rather excite this disease. It is greatly to the discredit of the medical

¹ Souville, *Examen des Infirmités*, &c., quoted by Marshall, *lib. cit.*, p. 118.

² Coche, *de l'Operation*, &c., p. 20.

profession, that some of its members have aided in the production of deceptions of a scientific description. In the year 1828, two medical men were tried in France for having respectively produced in four conscripts swellings of the testicles. It was sworn by one of the conscripts, that the operator injected into a wound a reddish coloured liquid which gave him violent pain. The operation was followed by violent inflammation of the testis. The other operator applied caustic to the scrotum with the same result. This last individual was sentenced to the pillory and five years' imprisonment.

Marshall believes that hydrocele has never been excited, or artificially imitated by soldiers in the British army, for the purpose of being discharged;¹ though this mode of disabling men has been practised in France.²

It has been attempted to simulate hydrocele in the same way as has been mentioned with regard to hernia; viz., by the distension of the cellular tissue with air.³ Ambrose Paré mentions the means now stated as having been practised, as do also Percy and Laurent.⁴ Sir Astley Cooper mentions the case of a man at Norwich, who imposed on the surgeon by this means, and thus escaped serving in the army.⁵ Scott, Forbes, and Marshall, have more than once seen the plan adopted by impressed seamen, but without success.⁶ Fallot candidly relates a case, in which he was deceived, in 1816, by this means, and in which the man would have been discharged, had not another surgeon charged along with him with his re-examination assisted his inexperience.

It is hardly necessary to observe, that no surgeon ought to be deceived by a case of this kind.

¹ Ed. Med. and Surg. Journal, vol. iv,

² Marshall on the Enlisting, 1st ed., p. 119. Coche, lib. cit. Dict. des Sciences Méd., lib. et loc. cit. The cases came before La Cour d' Assises de la Seine, 5th of December, 1828.

³ Marshall, Ed. Med. and Surg. Jour., vol. xxvi.

⁴ Dict. des Sciences Méd., Art. Simulation.

⁵ Lectures, vol. i., p. 75.

⁶ Art. Feigned Diseases, in Cyclop. of Pract. Med. vol. ii., p. 154.

The means of detection are mentioned in *HERNIA*, the preceding article.

SCURVY.

Among the scorbutic symptoms, those which have connexion with the state of the gums may be perfectly simulated, and have often been so by young conscripts in France;¹ and sometimes by soldiers as well as conscripts in Belgium.² The means employed consist in masticating irritating substances, which cause the gums to swell, and to become painful, hot, and bleeding; or else in covering the teeth with wax, and then applying acrid, corrosive, and caustic substances to the gums, such as potash, &c.; these cause ulcerations more or less extensive, and deep sloughing, with loosening of the teeth. Others content themselves by puncturing the gums before the visit, so as to cause them to bleed. Fallot states that he has often seen the loss of the teeth follow these tricks. Percy mentions the case of a young man who presented himself with spongy, bleeding gums, soliciting his discharge, on the score of scurvy. The mucous membrane of the mouth was white, and separating in shreds, from the action of some corrosive agent. Simple hæmorrhage from, or ulceration of the gums does not constitute scurvy; the general symptoms must be regarded and our decision based on them. If they are absent we must conclude as to the existence of some local affection, and send the patient to the hospital; where, in a short time, an attentive examination, with proper surveillance, will not fail to discover the fraud. The best means of detecting the trick consists in unexpectedly visiting the patient at the end of some days, when probably the gums will be found in a very good state.³ Such was the case in the instance which has been referred to, for, on unexpectedly visiting the patient a fortnight after, the gums were found quite well.

¹ Orfila, *Léçons de Méd. Lég.*, t. i., p. 426. Coche, de l'Operation Méd. du Recrute-ment, p. 291. Beck, *Med. Jurisp.*, p. 10.

² Fallot, *lib. cit.*, p. 282.

³ Orfila, *Léçons de Méd. Lég.*, t. i., p. 426.

GONORRHŒA

has been imitated by soldiers by the application of caustics to the prepuce.¹ It is scarcely necessary to state, that no practitioner ought to be deceived by such a trick.

APOPLEXY

will only be feigned by those who hope to escape from some impending punishment.

From the nature of this disease, it can only be simulated for a very short time. If it be necessary to ascertain the truth at the first moment of the attack, powerful remedies, such as are indicated in the real disease, should be employed, as powerful repellents. The actual cautery, &c., may be proposed in the impostor's hearing; the cheat will generally throw off the mask rather than brave such severe tests. Zacchias observes that feigned apoplectics cannot resist the action of sternutatories.

Ballard cured a person who had simulated a comatose state for twenty-four hours, by applying two large vesicatories.² Reference has already been made, under the head of VERTIGO, to those individuals who assert themselves to be liable to determination of blood to the head, and who state that they fear an attack of apoplexy. Sufficient has been said on that point to direct us how to investigate the truth.

NEPHRITIS ;

EXCRETION OF CALCULI ; GRAVEL, AND ALTERATION OF THE URINE.

This class of diseases is sometimes, though rarely, simulated. Soldiers sometimes feign these affections with the view of obtaining their discharge, and unwilling recruits to prevent their serving in the army.³ In private practice, the number of simu-

¹ Beck, *Med. Jurisp.*, p. 20. Dr. de Brus, *American Jour. of Science*, vol. i., 378.

² *Principes de Méd. Lég.*, p. 463.

³ *Cyclop. of Pract. Med.*, art. Feigned Diseases; e. g. Marshall, *Ed. Med. Surg. Jour.*, vol. ii., p. 253.

lators of this class of diseases is much greater than at first we should be inclined to believe. The unaccountable propensity to indulge in such simulations and practices of fraud, which sometimes seems to occupy the minds of females especially, and these by no means confined to the lower ranks of life, would almost lead us to believe that their attempts were the consequence of some degree of mental hallucination. But there are too many cases where there exist no symptoms of moral insanity, or mental derangement with hallucination, except the practice of such disgraceful frauds, for us to believe that all such cases can be accounted for in this way; and we can scarcely assume the fact of the perpetration of such practices as a proof of insanity. As an instance of those cases, we may refer to the case of a young lady of high respectability, whose friends consulted a physician, concerning a very painful disease to which she was subjected. She was said to be frequently ill, and during the attack to void, with agonising pain, concretions in her urine. A certain number of these being discharged, she felt relief. A parcel of these urinary concretions was handed to a physician, who instituted experiments on them, and found, what indeed was obvious on inspection, that they were nothing but common sand and pebble stones. Of these, it was asserted, she had excreted not less than several pint measures in the course of two or three years. No motive was assigned for this lady's extraordinary conduct.¹

Though foreign to our subject, I would mention that hydatids of the uterus have been imitated by means of vesicles prepared from the intestines of a pig, and constructed so as to resemble a string of beads,² [detected by Professor John Thomson, in Edinburgh,] and that a malignant tumour of the same organ, has been simulated by introducing a sponge.³ Calcined bricks have also been pretended to be passed from the vagina, and

¹ Edinburgh Medical and Surgical Journal, vol. vii., p. 488.

² Cyclop. Pract. Med., vol. ii., p. 142.

³ Medico-Chirurgical Review, vol. xxi., p. 153, detected by Mr. Lawrence of Lond.

some have been extracted from it.¹ Coals have also been extracted from it; and immense quantities of bones have been excreted from the vagina, some being detected² in it, and some extracted from the bladder.

Among men this species of fraud is rarely carried to the extent referred to; and we can scarcely ever be wrong in referring it to culpable and dishonest motives.

A fit of nephralgia, or passing of gravel, is even pretended, and an alleged calculus exhibited.³ Alberti gives the history of a Baron W——, who feigned an attack of stone.⁴ Such was likewise the case of Magdelaine de Lapalud, condemned to perpetual imprisonment.⁵

It is to be remembered, that cases have occurred, which, from their anomalous nature, have caused suspicions of feigning, yet the results of which, have demonstrated most serious disease of the kidneys. Copland mentions the case of a female, who consulted a number of physicians respecting a most violent pain in the left side and loins, extending upwards to the left mamma. This pain was considered by one, neuralgic, by another, hysterical, by a third, uterine irritation, by a fourth, deception, complicated with hysteria, and lastly, it was attributed to spinal irritation. The appetite continued good, the urine appeared healthy, and there was no emaciation. After many years of suffering the lady died, and there were found a great number of calculi in the uriniferous ducts, and pelvis of the left kidney.⁶ He also mentions another somewhat similar case.

It will not be difficult to detect cases of pretended nephritis, because, besides the local symptoms, we shall find present in real nephritis, a frequent, hard pulse, a loaded tongue, great heat, and dryness of the skin. But nephralgia is more easily simulated, and it will require some attention to the symptoms

¹ Medical Com., vol. iv.

² Ibid.

³ Cyclop. Pract. Med., loc. cit.

⁴ Alberti, t. iii., c. 90., et Nordisch Archiv.

⁵ Vide Rep. by Drs. Garnery, Beau Mérendal, &c., t. vi., ix., des Causes Célèbres.

⁶ Dict. of Pract. Med., art. Feigning Disease, vol. i., p. 889.

proper to the real disease, before we can arrive at a correct conclusion. In nephralgia, or pain of the kidneys from calculus, we very commonly have pain in the region of the kidney, often following the course of the ureter, which the impostor cannot trace, and frequent desire to pass urine, which is not likely to be complained of by him, and if alleged can be easily ascertained. Nausea and vomiting, which almost invariably attend the real disease, are seldom complained of in the fictitious affection; though, if known to be concomitants of this disease, they can be most easily assumed. Dull pain, and numbness of the thigh and leg, which are usually present, are symptoms little open to simulation, because they are not known; and retraction of the testicle, which is so commonly present, can scarcely be expected to be simulated, though it might by some be easily presented.

It will in general be found that the simulator of nephritis or nephralgia presents none of the signs except severe local pain and dysuria. He will frequently be found at fault in stating that the pain is much aggravated by position or motion, whereas in nephritic affections it remains much the same in every sition, and is not unfrequently relieved by gentle motion.

Sometimes the schemer, after complaining of great pain in the region of the kidneys, eventually makes a point of showing his urine with sabulous concretions in it. "*Lapillos silicios vel murarios urethræ immittunt, vel matulæ imponunt, ac sub urinæ excretionē admodum coram hominibus ejulent.*"¹ These sabulous concretions are generally composed of stones rasped down, sometimes during the night, to give a better colouring to the fraud.²

Hutchison mentions a case where a boy impacted a pebble in his urethra as a proof of the disease.³

¹ Plenck, *Elementa Med. et Chir. For.*, p. 112. Vide *Recueil pour servir d'éclaircissement détaillé sur la Maladie de la Fille d'un Tireur de Pierres du Village de S. Geosmes près Langres*, par M. Morand. Paris, 1754. ² Vide Marshall's *Hints*, p. 169.

³ *Surg. Observ.*, p. 180, 2nd ed.; also *Ed. Med. and Surg. Journal.*, vol. i., p. 488.

Stones have been employed,¹ as also coals² and slate for the same purposes.³ Micaceous particles have been detected in the urine;⁴ also the back bones of sprats,⁵ silicious matter,⁶ and silica itself.⁷ A friend of Dr. Willis had three samples of silicious urinary gravel transmitted to him for examination, which in each case consisted of pieces of quartz, and knows that Dr. Bostock and Dr. Christison have, oftener than once, been requested to ascertain the chemical composition of certain masses of quartz and flint, that were said to have been voided from the bladder. The so-called silicious gravel is always of a description in relation with the geological structure of the district in which it is said to have been discharged. Some of the specimens, as occurred to Dr. Bostock, have even had portions of other minerals with which quartz is known to occur associated adhering to them.⁸ In the *Mag. de Pyl.*, we read the remarkable history of a butcher, who with great pain expelled hairs from the urethra.⁹

Chemical analysis will readily detect this species of fraud; indeed the deception will easily be perceived when such calculi are seen to be mineral and not animal productions. The various attempts at imposture of this kind are so ludicrous that it is useless to take further notice of them. It is important, however, that the young practitioner should be made aware of their occurrence.

Under the head of HÆMATURIA will be found the deceptions

¹ e. g., a case related by Dr. Livingston in *Medical Commentaries*, vol. iv., p. 452, *Annals of Philosophy*, vol. iv., p. 76.

² e. g., Dunlop in *Beck's Med. Jurisp.*, p. 21., a case by Sir Astley Cooper, of Mr. Cline's, who was nearly operating, *Lectures*, vol. ii., p. 129. Dr. Elliotson, *Lancet*. N. S., vol. x., p. 135.

³ e. g., Wilson's *Lectures on the Urinary and Genital Organs*, p. 183.

⁴ e. g., a case is related by Dr. Thomas Thomson. *Annals of Philosophy*, vol. iv., p. 76. ⁵ Carbonate of lime, e. g., Dr. Wollaston, *Lon. Med. Gaz.*, vol. vii., p. 237.

⁶ *Jour. of the Royal Institution*, N. S., vol. vi., pp. 23., 24., a case by Dr. Venables.

⁷ Dr. Hill, *Ed. Med. Surg. Jour.*, vol. xli., p. 127. Dr. W. Gregory gives there two instances in which he was deceived. ⁸ Willis on *Urinary Dis.*, pp. 146, 147.

⁹ Ballard's *Notes to Metzger*, p. 462.

which are practised to colour the urine, and to represent deposits from it.

EXCRETION OF ALVINE EVACUATIONS.

It sometimes happens that bodies of a very anomalous character are passed from the intestines, but the medical practitioner by a careful examination of the substances, and a minute inquiry into the nature of all the ingesta, will frequently succeed in tracing their origin.

Thus, Dr. Marcet has detected caseous matter; Dr. Wollaston, oat seeds; Dr. Marcet, the woody fibre of the seeds of peas, spawn of lobsters, &c.; which had passed through the intestinal tube.

These substances, on minute examination will be found to present one of the following three varieties.—First, they contain saline and animal particles attached to nuclei formed either in the alimentary canal or biliary apparatus.—Second, alimentary collections and crystallisations round foreign bodies, such as fruit-stones, seeds, or the husks of seeds, fragments of bones, chewed paper, &c.—Third, homogeneous concretions formed in the alimentary canal, and presenting no distinct nuclei.

The excretion of matters decidedly heterogeneous and foreign to the human body ought never to leave the judgment of the practised physician long in doubt.

Fraudulent persons have been known to pretend the passing of silex, needles, pins, frogs, lizards,¹ iron nails, and glass.² Dead earth worms have been shown to the medical attendant as having been passed by stool: the distinctive characters are however such as would prevent these from being ever mistaken for their intestinal brethren.

ASCITES.

Ascites has been simulated in a variety of ways, and has

¹ Vide Journal de Médecine, t. vi., p. 163; t. x., p. 464; t. xii., p. 273; t. xli., p. 36.

² Plenck, Elementa Med. et Chir. For., p. 113.

been artificially produced ; the best imitation is that mentioned by Cheyne, who says, that many attempts have been made to deceive him.

Dr. O'Hara, Apothecary to the Forces, states, that in 1811, between thirty and forty men of the 84th regiment, were admitted into the King's Infirmary, labouring under " Dropsy and Intermittent Fever," who complained of pain, distension of the abdomen, and thirst—all symptoms capable of imitation. The tongue, with few exceptions, was clean ; the pulse regular ; the urine natural ; and the bowels costive. The disease was at first considered a consequence of the Walcheren fever ; but, from the numbers increasing, and all with the same symptoms, suspicions of feigning were induced. Sixteen, however, succeeded in obtaining their discharge before Dr. Harvey, Surgeon to the 2nd Battalion of the 84th, prescribed a solution of Glauber's salts in weak tobacco water, (called the *infusum benedictum*,) in the dose of a cup-full every fourth hour till it operated, which soon caused the epidemic to cease.

It was reported, that the appearance was produced by the use of large quantities of chalk and vinegar.¹

Dropsy has been simulated by simply elevating the spine, rendering the abdomen large and tense, and keeping up the distension by means of short expirations.² A complete exploration of the uncovered abdomen will always detect imposition of this kind. In such cases it has been proposed to observe the patient when asleep, but such simulators are sometimes prepared for this test, and wrap themselves up so completely in the bed clothes, that without awakening them the end cannot be obtained.

The means of adopting cushions and paddings will not be employed in military life.³

¹ Cheyne, in *Dub. Hosp. Rep.*, vol. iv., p. 169.

² *Cyclop. of Pract. Med.*, vol. ii., p. 135 ; also Cheyne, *loc. cit.*

³ e. g. *Acta Naturæ Curiosorum*, quoted by Mahon, *Médecine Légale*, vol. i., p. 362 ; another case is mentioned in *Cyclop. of Pract. Med.*, vol. ii., p. 136.

Foderé relates a case, where the disease was simulated by inflating the cellular substance of the abdominal parietes, with air through a small and scarcely perceptible puncture in the groin.¹

Such an imposition would be immediately detected by manual examination or palpation.

Instances are said to have occurred among the French conscripts, where water was actually injected into the cavity of the peritoneum, and a true and factitious ascites thereby produced ;² which would teach us the propriety of examining whether there were any recent wound ; as by the time a cicatrix would be formed the water would be absorbed, unless real disease had been produced.

OPACITY OF THE CORNEA.

This has been effectually and suddenly produced by the application of nitric acid, more or less diluted, to the eye ; a strong acid, applied directly to the cornea, suddenly occasions a slough which sometimes destroys the coats of the eye.

When acrid substances, as lime, are employed to excite inflammation of the eye, an ulcer or slough, situated between the inferior palpebra and the globe of the eye is a frequent consequence. It is from the sudden appearance, the depth and defined edges of the ulcer, that suspicions of fraud will be excited, which we must trust to the collateral evidence mentioned in the article OPTHALMIA for confirming or disproving.

CATARACT.

When a soldier is brought forward for examination on account of cataract of both eyes, and the existence of opacity is verified by inspection, he ought to be recommended for

¹ *Traité de Méd. Lég.*, vol. ii., p. 485.

² Beaupré, *Sur le Choix des Hommes propres au Service Militaire.* Marshall, *Hints, &c.*, p. 153.

discharge. It is of importance, however, to know, that cataract has been artificially excited; eight or nine cases having occurred lately at Fort Pitt General Military Hospital. A considerable time elapsed before the means which had been adopted to produce this variety of blindness was discovered. Eventually, it was found out, that a needle or some similar instrument had been introduced through the lucid cornea, thereby irritating the lens, which consequently became opaque. Mr. Melin, surgeon to the 9th Lancers, who discovered the fraud, operated upon these as cases of cataract; by which means vision was restored, and the men sent to join their respective corps.

A receipt for producing artificial blindness, and which would produce, more or less, opacity of the cornea, or lens, was found on the person of a malingerer, who had excited an ulcer. It was to be effected by "*the prog of a needle in the sight of the eye*;" and after a pension had been procured, soft soap was to be applied to the eye, by which means it was stated that vision would be restored.

Dr. Tartra states, that he has seen cataract voluntarily produced by diluted nitric acid lotions.¹ It is not very clear, however, how such an application could have produced any effect on the lens; since, if the quantity of acid in the liquid used was small, probably no effect would be produced; while, if considerable, common conjunctival inflammation would probably result from its use.

When cataract occurs in a regiment, in more than ordinary proportion, the medical officer must be upon his guard lest any practice of the above-mentioned kind be carried on; and when it is proved that the opacity has been fraudulently produced, the plans of the schemer may be frustrated by an operation for the extraction or depression of the lens.

¹ Inaugural Thesis, Paris, 1812.

VARICOCELE.

On the authority of Coche, this disease has been introduced; he states that varicose engorgements of the scrotum and spermatic cord may be excited, but never without danger to the experimenter; but though he says so, he does not mention that he has met with any fraudulently excited case. All attempts at simulation must be unsuccessful.

SARCOCELE.

Coche states, that this disease has been excited by the inflammation consequent on the artificial production of hydrocele; but of all diseases likely to be excited for fraudulent purposes, this is certainly one of the most unlikely to be attempted. Its accidental production may nevertheless occasionally take place, and be the source of other schemes of fraud. This disease being in a great measure determined by the senses of the surgeon need not be further taken notice of.

TETANUS.

Beck, (Med. Juris. p. 19.,) states, that he has seen an extract from the *United Service Journal*, in which there is related the case of a beggar who attempted to simulate tetanus at St. Bartholomew's Hospital. Mr. Abernethy detected the imposition by observing, what a remarkable symptom in the last stage of this disease incessant winking of the eyes was; the patient immediately began to wink both his eyes. The imposition must be, in all cases, ridiculous.

HYDROPHOBIA.

That this disease should be simulated appears the height of impudence, and most ludicrous; yet examples are given where it has been tried in France to obtain exemption.¹

¹ Foderé, *Traité de Méd. Lég.*; also two cases by Orfila, *Léçons de Méd. Lég.*, t. i., p. 425.; also by Percy and Laurent; and in the *Medico-Chirurgical Review*, vol. ix., p. 261.

The threat of suffocation between mattresses soon brought confession in one instance, and another was effectually cured by the exhibition of a nauseous compound of asafoetida, vinegar, wormwood, and extract of cinchonia.

Similar means will most probably succeed in all such cases in future, and will save us any trouble, or the necessity of having recourse to the agents which are known to bring on the paroxysms of the disease.

FASTING.

It has generally been the case, that the hope of exciting public curiosity, and of course commiseration and *charity*, has been the moving principle of impostors; and they have justly imagined that the feigning of ailments contrary to the usual course of nature, and the experience of mankind, would most readily answer their purposes. Continued abstinence has been the most frequent and successful of these deceptions, obviously because it is practicable to a certain extent, and requires most constant and minute attention to detect the deceit. Fasting has been sometimes, but seldom in the army, the subject of imposition, as no end could be gained by its simulation; it will generally be subordinate to, and one of the means of carrying on some other scheme of fraud. The imposition will be suspected, if the strength bears up, and is manifestly opposed to the statements of the individual: it is essential to watch the friends who might secretly bring nourishment to these pretended fasters, since real hunger will very soon bring a confession of the fraud. The state of the perspiration, urine, and evacuations, might almost be considered as sufficient proofs.

A case is mentioned in Hutchison, p. 178, where an attempt was made by this means, to gain an end, but, as it has just been mentioned, it was only used along with feigned cough and hæmoptysis. Another case is also related, of a man who, by privations of all sorts, reduced himself to a mere shadow, "but as there was no organic disease," he was believed to be

feigning, finding no success, he added paralysis of the lower extremities, but still unsuccessfully. These will be sufficient to show the truth of the remark, that it is generally only used to carry on, and is subordinate to, some other plan of deception; moreover an abstinence beyond a moderate period is contrary to the usual course of nature. Strong suspicions may always be entertained where extraordinary fasting is alleged.

The history of the famous Monica Mutschlerin de Rothweil, may be consulted, as also the story of Marie Krenker d'Osnabruck.¹ A woman was condemned for the murder of her husband in the 31st of Edward III. She had the wisdom to fast in prison for forty days, and was pardoned on account of her miraculous abstinence.² The story of Anne Moore, who gulled the British public for some time in this way, is too well known to need comment.³ The case of the fasting impostor Cavanagh, is fresh in the mind of the public, and his case may serve as the type of his class. The manner of his detection by his filling up his basin of gruel, a portion of which he had swallowed, with urine, is sufficiently familiar. Dr. Copland well remarks, that very attentive watching and much trouble are required in the detection of this fraud, and wisely inquires *wherefore should they be undertaken?* For the use of those who may feel desirous to examine the subject of abstinence, reference may be made to a table of authorities for cases of abstinence, which is contained in *Beck's Medical Jurisprudence*, but which is too long for insertion here.

ANIMALS IN THE STOMACH.

Such a really feigned disease will seldom be tried by naval or military men, though mendicants sometimes find it advan-

¹ Vide Metzger. Ger. Med., Abh., i., p. 68.

² London Medical and Physical Journal, vol. xxxi., p. 50.

³ Observations on this case may be found in the 5th and 9th volumes of the Ed. Medical and Surgical Journal, and in the London Medical and Physical Journal, vols., xxi., xxiv., xxix., and xxx.

tageous to pretend such things. The noises that are sometimes made arise from the action of the abdominal muscles mixing the air and fluids contained in the stomach. The success of the impostor will just be in the ratio of the credulity and ignorance of his dupes. A singular case, in which a girl was said to have brought up the larvæ of insects and reptiles, from the stomach, is recorded in the Transactions of the Dublin College of Physicians. It afterwards, however, was ascertained to have been a well-managed deception. A case is likewise recorded in the ninth volume of the *Edinburgh Medical Journal*, which is remarkable for the gravity with which the circumstances are detailed by the reporter, Dr. Spence. A woman æt twenty one, having been indisposed for a few days, took some cathartic medicine, and passed by stool "a reptile of the lacerta species." The authority of the patient in this case *satisfied* Dr Spence! All such statements will pass just for as much as they are worth.

WORMS IN THE URINE

have been imitated by throwing vermicelli into the vessel which contains the urine: this clumsy deception is easily recognized. But the appearance of worms in the urine is occasionally given by filaments of coagulable lymph, which have really passed, and which probably have been formed in the ureter.¹ This species of fraud is even more glaring and extravagant than the previous.

VICARIOUS DISCHARGES OF URINE

Vicarious discharges of urine have been said to occur from the mamma,² the stomach,³ the umbilicus,⁴ &c.: the subjects of such pretended discharges, are mostly hysterical women, whose motives for practising imposition may sometimes

¹ Hennen's Mil. Surg., p. 656. ² Dr. Lyncker, Gaz. Méd. de Paris for 1836.

³ Recherches de Physiologie et de Chimie Pathologiques of M. Nysten.

⁴ Dr Hastings, Midland Med. and Surg. Journal, No 4:

be divined, but are often perfectly unfathomable. In fact, there is, in many instances, no motive beyond the simple disposition to act in this way: their conduct is the result of an uncalculating impulse, and may be regarded as a kind of insanity of some of the sentiments, with which the poor creatures are not themselves aware that they are afflicted.¹

SUICIDE.

A feigned attempt to commit self-destruction is by no means uncommon, and we have much reason to believe that, though such cases are not recorded, they frequently occur in indulged passionate individuals, when they are disappointed in the attainment of their ill-regulated desires. Such persons, when they have once resorted to this mode of wringing from their relations or friends a reluctant compliance with their desires, generally have recourse to it again and again on every new disappointment, which can scarcely fail in them to be of frequent occurrence. Thus the lover threatens, or seems to attempt suicide, to regain lost affection; the spoilt child to have his wishes gratified; and the indulged wife her caprices submitted to. The mode in which the feigned self-destruction is attempted, may be either by poisoning, hanging, or drowning.

FEIGNED POISONING.—In consequence of the pretender having it in his power to lay his plans with care, and to become more or less acquainted with the nature and properties of the poison, the effects of which he designs to feign, it frequently happens that the deception is not suspected, or if suspected, is unsatisfactorily cleared up. Nevertheless, a pretender, if he meets with a skilful physician, will always labour under great disadvantages; it will be difficult for him to recite the origin and progress of the symptoms of which he complains; or so to contrive his imposture that the refinements of chemical analysis shall not develope his scheme of fraud.

In cases of pretended poisoning, either a small portion of

¹ Willis on Urinary Diseases, p. 39.

poison (laudanum most frequently) is usually procured, which is diluted with some fluid to increase the apparent quantity ; or if a large quantity be taken it is in the presence of some person, or where assistance can be immediately procured. Copland states that females have resorted to this plan to try the affection of their lovers ; or to compel the fulfilment of their engagements. But in such cases, little more is necessary to be known than that such acts are sometimes resorted to, and that a poisonous dose may be actually taken, in order to appear the more in earnest, knowing that assistance is near, and that it will be successfully employed. In cases of mutual or associated suicide, it must be borne in mind, that there is a possibility of the contrivance having been suggested by one of the individuals who had agreed to commit the crime, in order thus to get rid of another, no longer an object of endearment, or of whom he entertained fears or mistrust ; he himself merely simulating the attempt. The accounts of several cases of mutual suicide attempted in recent times encourage such suppositions. Thus, a man out of work, and his paramour, having agreed to commit mutual suicide, procured some laudanum (about four ounces) and divided it into two equal quantities ; the man proposed turning back to back, in order that they might not falter whilst taking it ; the female died soon after, but the man did not appear to be affected. From the evidence at the inquest, it did not appear that he had actually entertained an intention to destroy himself, or had taken any of the laudanum.

In the investigation of feigned cases of poisoning, our attention should first be directed to the state and progress of the symptoms. Here, as in all other feigned affections or disabilities, it is prudent to conceal our suspicions of imposture. Not only because the impostor is thereby led to conceive he has succeeded in deceiving us, and therefore the more readily communicates to us other and incompatible symptoms ; but because, in real poisoning, the individual may attempt to prove his story by exaggerations, or impossibilities, and so lead us into a fatal error. After listening to the story recounted by the indivi-

dual, we ought to ask the patient a number of questions, which involve an alternative answer; one alternative being compatible, and the other incompatible with the alleged nature of his illness. No unprofessional person can stand such a system of interrogation if skilfully pursued. Not only will his answers be often wrong; but likewise his manifest perplexity how to answer will of itself supply evidence of falsehood.¹

It is necessary, in cases of pretended poisoning, to pay great attention to the chemical analysis. Having procured the remains of the dish, or articles which the person represents himself to have swallowed, we shall frequently find that no poison is contained in it, or else that foreign substances have been mixed with it, which the impostor presumes to approach in external appearance and character to those of the poison he pretends to have swallowed. Finely pounded glass has in this way been placed in a basin of gruel to favour the impression of poisoning by arsenic. The impostor will generally betray himself by an excess or defect in the amount and character of the symptoms he complains of: thus it will sometimes happen that a marked discrepancy will exist between the symptoms really present, and those which ought to accompany the dose of poison stated to have been taken, and, in corroboration of which the pretender may point to the proportion of poison contained in the remains of the dish or article of which he states himself to have partaken. For if he had really swallowed the proportion indicated, symptoms of a more severe character would have presented themselves. Again, the matter vomited, even that first vomited, may contain no poison; or, if poison be found, may yield compounds during analysis which are not animalized; evidently showing that it never had been in the stomach; or else the quantity of poison contained may be greater than that alleged to have been taken; or there may be a less quantity of poison in the first than in

¹ Christison on Poisons, pp. 92—3.

the subsequent ejecta; all of which, and other similar inconsistencies, will betray the imposition attempted to be practised.

Christison relates the following case of feigned poisoning. A young married female, having been discovered to be secretly addicted to dram-drinking, appeared to be much annoyed by the discovery, and one evening was found very ill on her husband's return from work. She stated that she had taken arsenic to destroy herself; that she was in great torture, and that she was sure she must soon die. On referring to a neighbouring apothecary, it was found that she had the same forenoon purchased about a drachm and a half of arsenic for the pretended purpose of poisoning rats, and, in the bottom of a tea cup, in which she said she mixed it, there was left a small quantity of white powder, that proved, on analysis, to be pure oxide of arsenic. Notwithstanding these strong facts, the mildness of the symptoms, and the composure with which she complained of her tortures, led her friends to suspect she was feigning. On investigating her case, Dr. Christison ascertained, in further corroboration of her story, that the powder was nowhere to be found. But she then stated, in reply to questions involving an alternative answer, that the arsenic had a *sour taste*, and the pain began in the *lower part* of the belly, and spread upwards. She likewise said that she vomited a *mouthful or two* into a chamber pot twenty minutes after taking the poison; that she vomited *no more* till the apothecary was sent for, who gave her emetics of sulphate of zinc, carefully preserving the discharges; and that she *only* vomited when emetics were given to her. When Dr. C. first saw her, five hours after the alleged date of the taking of the arsenic, the skin was *warm* and *moist*, the face *full* and *flushed*, the pulse *frequent* and *firm*, the muscular strength *natural*. The chamber pot contained no vomited matter, and no white powder. The ejected fluid was found to contain a large quantity of zinc, but not one atom of arsenic. In two days she admitted she

was quite well.¹ Nearly all these facts and statements are quite irreconcilable with the usual results of poisoning by arsenic; and it is to be noticed that the time and place which she selected were those most favourable for making an impression upon the minds of those she wished to influence. Dr. Tartra has related a singular case, similar to the above, where a young woman feigned poisoning with nitric acid, and was not detected for several days.²

I have met with a case of poisoning by arsenic, in which the pretender had the wisdom to imbed the arsenic between two pieces of bacon, which were brought up in nearly the same form in which they had been swallowed. Medical assistance having immediately been desired and procured. I have also met with several instances in which the too complete success of the pretender's project, in influencing and distressing the minds of his relatives, has induced him to confess and abandon his scheme of fraud.

PRETENDED DROWNING.—Drowning may be feigned in similar circumstances to those which excite feigned poisoning. In two cases, fatal results very nearly followed this experiment upon the endurance of affection.³ And cases analogous to those in which associated suicide by poisoning has ended in the death of one of the parties only have occurred, where drowning has been the mode of carrying the suicidal act into effect, one of the parties having escaped.

Instances of mutual or associated suicides are not rare. During the French Revolution, and the wars consequent to it, associated suicides were frequent. Thus nine conscripts, who had concealed themselves, and had been discovered, determined to destroy themselves rather than serve, which they accomplished by drowning themselves.

¹ Christison, *ut cit.*, pp. 93—4. ² Sur l'Empoisonnement par l'Acide Nitrique, p. 243.

³ Copland, *op. cit.*, vol. ii., p. 557.

Of all the expedients which have been resorted to for the purpose of exciting charity, fictitious drowning appears the most extraordinary. Yet a fellow, who was an excellent swimmer, was in the habit of pretending attempts at suicide by throwing himself into the Thames, with a view to work upon the feelings of whoever chanced to see him after being taken out of the water. This fellow always contrived to select a part of the river where there were numerous by-standers, while an accomplice took care to give the alarm, and call aloud for some boat close at hand. Whenever the fellow pretending to have attempted suicide was brought out of the water, the other, affecting to be an accidental passer-by, addressed the spectators, stating that the unfortunate man had been induced to make the rash attempt through the greatest distress; and that this was the fourth or fifth time he had sought to put an end to his life within a short period. The collections which resulted from this appeal to the humanity of the by-standers frequently amounted to considerable sums.¹

PRETENDED HANGING.—With the same objects as pretended suicide by poisoning and drowning, pretended attempts at self-destruction by hanging have been resorted to. In order to excite charity, this simulation has been attempted by fastening a rope to some lamp-post, or other projection at the corner of a partially frequented lane or street in the evening, and then encircling his neck with another part of the rope, the impostor would scale the lamp-post or other projection, as if about to throw himself down again, and thereby hang himself; but always, at this critical moment, a partner in the fraud would make his appearance, cut the rope, and prevent the pretended purpose from being carried into effect. A similar tale of distress, by the accomplice, with a similar result on the pockets of the by-standers to that which followed the pretended attempt

¹ This fact has been certified to the author by an officer of the Mendicity Society: it is also narrated in Grant's *Sketches in London*, No. I., p. 34.

to drown would succeed. With regard to all these pretended attempts at self-destruction by hanging, it may be remarked that experience has proved that, in the end, impostors generally carry into effect the attempts which they only desire to simulate.

DEATH

has sometimes been simulated apparently for the purpose of deserting with impunity; for an instance, reference may be made to a case which Marshall has recorded.¹ The fraud must be easily detected. It will be sufficient to relate a few of the cases in which the simulation has partaken more of a scientific character, and less of simple deception than that related by Marshall.

Cardan speaks of a priest who could at will simulate death, with no sign of respiration, and in whom pricking, tickling, and even burning, produced no appearance of sensation.² “*Narratur de quodam presbytero, qua quoties volebat jacebat ut mortuus, absque anhelitu, nec solum vellicantes, sed et prurigentes non sentiebat, et admoto igne amburebatur absque dolore.*”³ Mahon mentions two similar cases,⁴ and another is related by Avicenna, “*Quidam fuit, qui quoties vellet, fiebat paralyticus, id est, jacebat absque sensu et sicut mortuus.*”⁵

The case of Col. Townsend has been already quoted under the head of *SYNCOPE*, and must be familiar to the reader.⁶

Vidocq states, that a murderer who had suffered long confinement, in order to obtain a moment's sunshine, counterfeited death so well and so often, that when he actually breathed his last sigh two days elapsed before they took off his iron collar.⁷

¹ Ed. Med. and Surg. Jour., vol. iv., p. 258.

³ Zacchias, lib. ii., tit. iii., Quæst. 6.

⁵ Ex. Avicen. idem.

⁷ Vidocq's Memoirs.

² Cardan, lib. 8, de Variet., cap. 43.

⁴ Médecine Légale, t. i., p. 350.

⁶ Cheyne's English Malady.

Lastly, a woman on being committed for trial, fell down in a fit, and was pronounced to be in an exceedingly low and precarious state by a medical man; in a state of apparently impending dissolution, she was removed to the hospital, where, on finding preparations being made to bleed her, she at once recovered from her feigned indisposition.¹

¹ Morning Chronicle, 24th June, 1841.

THE END.

BIBLIOGRAPHY.

VERN. SYN.—*Gr.* Νοσοι πλαστοι, υποποιητοι.—*Lat.* Morbi Ficti, Simulati.—*Eng.* Feigned Diseases.—*Ger.* Erleichteten Krankheiten.—*Dut.* Geviensde Zieten.—*Fr.* Maladies Feintes, Simulées.—*Ital.* Malattie Finte, Simulate.—*Span.* Enfermedades Fingidos.

IN ancient times, besides some scattered observations in the writings of Hippocrates, we find that Galen paid considerable attention to the subject of Feigned Diseases, and has given directions for their detection.

In modern times, Ambrose Paré, Fortunatus, Sylvaticus, and Zacchias, first studied this subject. The first was distinguished for collecting several very valuable cases illustrating the impostures of mendicants. The second author, in his work "*De Relationibus Mendicorum*," considers the subject at some length. Zacchias treats the subject in a medico-legal point of view, with great acuteness and extent of information; probably, the highest compliment that can be paid to the article of Zacchias on this subject is, that it forms the basis of nearly every subsequent treatise; the authors of which have not scrupled to borrow liberally from the Roman physician, very often, indeed, without acknowledgment. In consequence of this, a very great similarity exists in the writings of many of the later writers.

From the time of Zacchias no systematic treatise, deserving particular notice, was published for nearly a century. The subject, nevertheless, had not been entirely neglected, and several cases of pretended disease—such as epilepsy, hernia, ulcers, pneumatosis—are noticed by Boerhaave, Van Swieten, Bockler, De Haen, and Roncallus. Separate dissertations also were published by Luther, Vogel, Baldinger, Neumann and Schneider; who, however, with slight additions and modifications, copied largely from Zacchias or other authors on Legal Medicine.

We are principally indebted to the German writers on Legal Medicines for systematic information, and the maintenance of correct views of the knowledge of this subject at a time, when, by all other nations, it was little cultivated, or entirely disregarded. The works most deserving note are those of Teichmeyer, Kannegiesser, Plenck, Ludwig, and Metzger. The French writers on Legal Medicine succeeded the German; among them Mahon and Foderé are entitled to the earliest, if not the highest place; their works show considerable knowledge of the subject, though they want the learning and precision of the German authors.

The necessity of increased knowledge on Feigned Diseases in consequence of the increased resources of impostors, brought into operation by the gigantic wars at the commencement of this century, produced the excellent monograph of Percy and Laurent in the "Dict. des Sciences Médicales." Soon after, Hennen illustrated this subject by his extensive and varied experience; and Smith, and Paris and Fonblanque increased our medico-legal knowledge of this subject. Orfila in France, and Wildberg in Germany, brought out excellent articles on Feigned Diseases. Mr. Copland Hutchison, and Dr. Cheyne, next gave a vast deal of important information, the result of long experience, and close observation. Beaupré, Coche, Fallot, and Marshall, have all lately contributed the results of their lengthened experience. Their works are less graphic than Dr. Cheyne's monograph; but convey much practical information. Dr. Beck's article in his "Medical Jurisprudence," and those in the "Dictionary of Practical Medicine," by Dr. Copland, and the "Cyclopædia of Practical Medicine," contain a useful summary of information. And Sir George Ballingall and Captain Tulloch have severally considered the subject as a branch of Military Medicine; chiefly with a view to determine the principles upon which Soldiers and Seamen should be discharged with or without a pension.

SELECT BIBLIOGRAPHY.

1538. Galenus. — Libellus quomodo Morbum simulates sint deprehendi. (Opp Om.) Bas. fol.

1582. Paré, Ambrose. — Opera, l. xxiv, c. 18, Impositions of Mendicants. Par. fol.

1594. Sylvaticus, John Baptiste. — Institutio Medica de iis qui Morbum simulant deprehendendis. Madrit.

1606. Pigray, P. — Epitome des Préceptes de Médecine et Chirurgie. Par. 8vo.

1612. Pigray, P. — Epitome Præceptorum Medicinæ et Chirurgiæ, (p. 508.) Par. 8vo.

1646. Severinus, Mar. Aur. — De Efficaci Medicina, (lib. ii. c. 139. Frank. fol.

1657. Zacchiæ, Pauli — Romani Totius Status Ecclesiastici Generali Medici Quæstionum Medico-Legalium, fol.

1674. Fidelis, Fortunatus. — De Relationibus Medicorum. Leipsic.

1677. Cellarius, Hen. — Von vermeinter mütterbeschwerung. Halberst. 12mo.

1687. Fabricius ab Aquapendente, (Hier.) — Opera Omnia, (c. 139). Leipsic, fol.

1689. Bohn, J. — De Officio medici duplici, (p. 165.) Lips. 4to.

1701. Valentini, M. B. — Pandectæ Medico-legales. Fr. 4to.

1714. Baglivi. — Practice of Physic, London.

1725—47. Alberti, M. — Systema Jurisp. Med.-leg. 6 vol. Hal. 4to.

1728. Boeckler, J. — Occasione fraudulentæ meretricis scripta Epistola (Hall, Disp. ad Morb. iv). Argentor.

1728. Luther, C. F. — Dissertatio de Morbis simulatis ac dissimulatis. Erford.

1734. Cheyne.—English Malady. London, 8vo.

1740. Roncallus, Fr.—Diss. IV. de —, de ncubus in corpore reperiis. Brixia, 4to.

1742. Teichmeyer, H. F.—Institutiones Medico-legalis sive Forensis. Jena, cap. xvi.

1742. Serao Franc.—Della Tarantolo o vero Falangio di Puglia. Napol.

1746. Journal de Savans.

1761. De Haen, Antonii.—Ratio Medendi in Nosocomio Practico Vindobonensi. 4 vol. Leyden, 8vo.

1764. Monro, Don M.D.—Observations on the Means of Preserving the Health of Soldiers, and of Conducting Military Hospitals. London, 8vo.

1765. Ludwig, C. G.—Institutiones Medicinæ Forensis. Lipsiæ, 8vo.

1766. Muratori, L. A.—Della Forza Fantasia Umana. Venez.

1769. Vogel, R. A.—Dissertatio de Morborum Simulatione. Gœttingen.

1769. Gansen. — Dissertatio de Simulatis Morbis et quomodo eos dignoscere liceat. Gœttingæ.

1770. Northcote, W.—Marine Practice of Physic and Surgery. 2 vols. Lond. 8vo.

1772. Sauvages.—Nosol. Méthod., vols. iv. vii.

1774. Baldinger, E. G.—Dissertatio de Morbis simulatis. Gœtt. 4to.

1777. Kannegiesser, G. H.—Institutiones Medicinæ Legalis. Kiel. cap. v.

1779. Monboddo, Lord.—Anti-ent Metaphysics. Edin.

1782. Haller, A. Von.—Vorlesungen über die gerichtliche arzneywissenschaft. Bern. 8vo.

1783. Pyl, J. T.—Aufsaetze und beobachtungen aus der gerichtlichen arzneywissenschaft. (i. p. 190, bones from the vagina). Berl. 8vo.

1783. Schlegel, C. T.—Collectio Opusculorum Selectorum ad Medi-

cinam Forensem Spectantium. Lips 8vo.

1785. Camerer,—Tract. de Signis Mortis Diagnosticis. Strasbourg.

1786. Fieliz. — In Taschenbuch für Deutsche Wundartze.

1786. Plenck. — Elementa Medicinæ et Chirurgiæ Forensis. Viena.

1787. Hamilton, — Duties of a Regimental Surgeon.

1788. Neumann.—Dissertatio de Morborum Fictione. Wittembourg, 4to.

1789. Brendelius, J. G.—Medicina Legalis sive Forensis. Hanover, 8vo.

1789-91. Metzger, J. D.—Annalen der Staats-Arzneykunde Jena, 8vo.

1791. Sinclair, Sir John.—Statistical Account of Scotland. Edin.

1792. Percy, Manuel du Chirurgien d'Armée. 8vo.

1793. Reid. — On Army Diseases. Lond.

1793. Metzger, J. D.—System der Gerichtlichen Arzneywissenschaft. Königsb. 8vo.

1794. Schneider.—Dissertatio de Morborum Fictione. Frankfurt.

1796. Haygarth.—On the Imagination.

1797. Lentin. — Beyträge zur Ausubenden Arzneywissenschaft. Leips.

1798. Metzger. — Kurrgefasstes System der Gerichtlichen Arzneywissenschaft.

1798 Crighton.—On Mental Derangement. Lond.

1798 Foderé, — 1st Edition, 1st vol. Vide 2nd Ed. 1813.

1799. Blane. — On the Diseases of Seamen. 3rd Ed. Lond.

1800. Johnstone, John, M.D.—Medical Jurisprudence of Madness. Birm. 8vo.

1800. Haygarth. — On Imagination as a Cause or Cure of Disorders. Bath. 8vo.

1801. Mahon, P. A.—Médecine

- Légale et Police Médicale, 3 vol. Par. 8vo.
1803. Gruner, K. A. C.—*Dissertatio de Voracitate Nimia Cultrivorationis Parente et Nutrice.* Jenæ, 8vo.
1804. Schmidtmüller, J. A.—*Handbuch der Staatsarzneykunde.* Landsh. 8vo.
1805. Gruner, K. A. C.—*Historia Cultrivorum Morbi Simulati et Dissimulati, &c.* Par. 8vo.
1805. Robécourt.—*Dissertation sur une Nouvelle Exposition de la Doctrine des Maladies Simulées, et des Moyens de les Decouvrir.*
1805. Lethier.—*Ditto.*
1805. Rush.—*Introductory Lectures; Also Medical Inquiries and Observations upon the Diseases of the Mind.*
1806. Schmidtmüller, J. A.—*Beyträge zur Vervollkommnung der Staatsarzneykunde.* Landsh. 8vo.
1809. Parr.—*Medical Dictionary, (Art. Medicina Forensis—Morbi Simulati,)* vol. ii. Lond. 4to.
1810. Souville, M.—*Examen des Infirmités ou Maladies qui peuvent exempter du Service Militaire, et Necessiter la Reforme.* Par. 8vo.
1811. Belloc, J. J.—*Cours de Médecine Légale.* Paris, 2nd Ed.
1811. Bancroft.—*Essay on Yellow Fever.*
1812. Tartra.—*Inaugural Thesis.*
1813. Foderé.—*Traité de Médecine Légale, et de Hygiène publique de Santé, adapté aux Codes de l'Empire Français et aux Connaissances actuelles.*
1813. Ballard.—*Principes de Médecine Légale, ou Judiciaire.* Traduit d'Allemand du Dr. J. Dan. Metzger.
1813. Neumann, J. F.—*Handbuch der Staatsarzneywissenschaft.* 2 vols. Leips. 8vo.
1814. Hill.—*Essay on the Cure and Prevention of Insanity, with Observations on the Rules for the*
- Detection of Pretenders to Madness.* Lond.
1814. Farr.—*Elements of Medical Jurisprudence.* Lond.
1815. Parry.—*Elements of Pathology.* Bath.
1815. Kirckhoff, J. R. L.—*De Hygiène Militaire.* Malines, 8vo.
1816. Male.—*Elements of Judicial or Forensic Medicine.* Lond. 2nd Ed. 1818.
1816. Hutchison.—*Practical Observations on Surgery.*
1817. Foderé.—*Traite du Délire.*
- 1817 Schogel.—*Dissertatio de Effect. Veratri Albi.* Tubingen.
1817. Haslam.—*Medical Jurisprudence of Insanity.* Lond.
1817. Blatchford.—*Inaugural Dissertation on Feigned Diseases.* New York.
1818. Bernt.—*Beyträge zur Gerichtlichen Arzneikunde.* Vienna; Also
1818. Bernt.—*Systematisches Handbuch der Gerichtlichen Arzneikunde.*
1818. Hennen.—*Principles of Military Surgery.* 2nd Ed.
1818. Foderé.—*Dict. des Sciences Méd. (Art. Méd. Lég.)* t. 27. Par.
1819. Wildberg, Ch. Fr. Ludov.—*Bibliotheca Medicinæ Forensis.* Berolinii, 4to.
1820. Beaupré, Moricheau, M.D.—*Memoire sur le Choix des Hommes propres au Service Militaire dans l'Armée de Terre, et sur leur Visite devant les Conseils de Revision.* Paris. 8vo.
1821. Percy and Laurent.—*Dict. des Sc. Méd. (Art. Simulation des Maladies),* t. li. Par.
1821. Raige—Delorme.—*Des Blessures sous le Rapport de la Médecine Légale.* Par. 8vo.
1821. Smith, Gordon.—*Principles of Forensic Medicine.* Lond.
1821. Wilson.—*Lectures on the Urinary and Genital Organs.* Lond.
1821. Briand, J. H.—*Manuel de Médecine Légale.* Paris. 8vo.

1822. Herholdt, J. D., M.D.—*Observatio de Affectibus Morbosis Virginis Havnienses, cui plurimæ Acus excisæ sunt.* Havniæ. 8vo.

1823. Orfila.—*Léçons de Médecine Légale.* 2 vols. Par. 8vo.

1823. Paris and Fonblanque.—*Med. Jurisp.* 3 vols. Lond. 8vo.

1823. Marc.—*Dict de Médecine, (Art. Deception),* t. vi. Par.

1823. Kirckhoff.—*Hygiène Militaire à l' Usage des Armées de Terre.* 2nd Ed. Anvers, 1823. 8vo.

1824. Chaussier.—*Recueil de Mem. de Méd. Légale.* Paris. 8vo.

1824. Cooper, Sir A.—*Lectures.*

1824. Coche, de l'Operation Médicale du Recrutement et des Inspections Générales. 8vo.

1825. Beck.—*Elements of Med. Jurisp.,* by Dunlop. Lond.

1825. Horn.—*Archives für Mediz. Erfahrung.*

1825. Georget, E. O.—*Examen Méd. des Proc. Criminales.* Par. 8vo

1826. Hutchison. — *Pract. Obs. on Surgery.* 2nd Ed. Lond. 8vo.

1826. Hennen.—*Military Surgery.* 2nd Ed.

1826. Georget, E. O.—*Discus. Méd.-Lég. sur la Folie.* Par. 8vo.

1826. Michu, J. L.—*Discussions Médico-Légales sur la Monomanie Homicide.* Par. 8vo.

1827. Cheyne, J., M.D.—*On the Feigned Diseases of Soldiers,* (Dub. Hos. Rep. vol. iv., Dub. 8vo.

1827. Isfordink, J.—*Militärische Gesundheit Polezei, &c.* Wien. 8vo.

1827. Hoffbauer.—*Médecine Légale, relative aux Aliénés et aux Sourds-muets, ou les Lois appliquées aux Désordres de l'Intelligence.* Traduite de l'Allemand sur la dernière édition, par A. M. Chamberon, avec des Notes par M. M. Esquirol et Itard. Paris. 8vo.

1827. Brieire de Boismont.—*Observations Médico-Légales sur la Monomanie Homicide.* Par. 8vo.

1827. Georget, E. O.—*Des Maladies Mentales dans leurs Rapports avec la Legislation.* Par. 8vo.

1827. Esquirol.—*Note sur la Monomanie Homicide.*

1828. Marshall, H.—*Hints to Young Military Officers.* Lond. 8vo.

1828. Georget, E. O.—*Nouvelle Discus. Méd.-Lég. sur la Folie.* Par.

1828. Briand.—2nd Ed. Par. 8vo.

1829. Hennen.—*Mil. Surg.* 3d ed.

1830. Guthrie.—*On the Arteries,* Lond. 8vo.

1830. Hennen.—*Medical Topog. of the Mediterranean.* Lond. 8vo.

1830. Conolly, J., M.D.—*An Inquiry concerning the Indications of Insanity.* Lond. 8vo.

1831. Ryan.—*Manual of Medical Jurisprudence.* Lond. 8vo.

1832. Marshall.—*On the Enlisting, Discharging, and Pensioning of Soldiers, &c.* Ed. 8vo.

1832. Forbes, Scott, and Marshall.—*Cyclo. Prac. Med., (Art. Feigned Diseases,)* vol. i. Lond.

1833. Dunglison.—*New Medical Dictionary, (Art. Feigned Diseases.)* Boston, 8vo.

1833. Ballingall.—*Outlines of the Course on Military Surgery.* Ed. 8vo.

1835. Babington, B. G.—*Dancing Mania of the Middle Ages.* Translated from the German of J. F. C. Hecker. Lond. 8vo.

1836. Beck.—*Elements of Medical Jurisprudence.* Lond. 8vo.

1836. Traill.—*Lectures on Medical Jurisprudence,* Univ. of Edin.

1836. Ballingall.—*Lectures on Military Surgery,* Univ. of Edin.

1838. Christison on Poisons. 8vo.

1837. Millengen.—*Curiosities of Medical Experience.* Lond. 8vo.

1837. Copland.—*Dict. of Pract. Medicine, (Art. Feigning Disease)*

1837. Fallot.—*Memorial de l'Expert dans la Visite Sanitaire des Hommes de Guerre.* Bruxelles, 8vo.

1839. Dunglison.—*Dict. of Medical Science.* 2nd Ed. 8vo.

1839. Marshall, H.—*On the Enlisting, &c.,* 2nd Ed. Ed. 8vo.

1839. Ray, J. M.D.—*A Treatise on Medical Jurisprudence of Insanity.* 8vo. Lond.

LIST OF JOURNALS.

Annales d'Hygiène Publique et de Médecine Légale, par Adelon, &c. vols. iii. and iv.

American Journal of Science, vol. i, p. 378.

American Medical and Philosophical Register, vol. i.

Dict. des Sciences Médicales, Article, *Simulation des Maladies*, by Percy and Laurent, t. li.

Dictionnaire de Médecine, Art. *Deception*; also, Art. *Hygiène Militaire*, by Vaidy, t. xxxiii.

Dublin Hospital Reports, vol. iv. Medical Report on the Feigned Diseases of Soldiers, by Dr. Cheyne.

Duncan's Medical Commentaries, vol. iv, p. 242; vi, 245.

Evidence before Committee of the House of Commons, on the Subject of Mendicity, also on Ophthalmia.

Edinb. Annual Register, vol. iv, pt. 2, p. 159; for 1810 pt. 2, p. 185.

Edinburgh Medical and Surgical Journal. (Remarks on the Difference between Infectious Ophthalmia and that produced by the actual Application of irritating Substances to the Eyes.) vol. iv, p. 157; *The Inquirer*, p. 198; vol. vii, p. 488; *Practical Observations* regarding the Inspection of Recruits for the Army, by Marshall, vol. xxvi, p. 255; vol. xxix, p. 409; vol. xxx, p. 179; vol. xxxiv, p. 214; vol. xxxviii, p. 139; vol. xli, p. 127.

Fielitz, Annal der Staatharz, vol. i, p. 153.

Godman's Western Reporter of Medicine, Surgery, and Natural Science.

Hufeland's Journal, 13, 3, no. 5.

..... (*Graaf in*) 52, 2, 112.

Jour. de Médecine, vol. vi, p. 163; x, 464; xii, 273; li, 36.

Journal of the Royal Institution vol. ii, p. 256.

Kriegs Hygiene, (*Hempel in Manual of*). Göttingen.

London Medical and Physical Journal, vol. ii, *Hutchison's papers*, vol. xxix, p. 1; xxxi, 50, 373; liv. 93; xxvii, 38; li, 87; liv, 87.

Lancet, N. S., vol. vii, p. 737; also 273; vi, p. 227; x, 135; xi, 532; xii. 603; xvi, 129.

London Medical Gazette, vol. iv, p. 598; vii, 239; viii, 168, 737.

Livingston, Edinburgh Medical Commentaries, vol. iv, p. 76.

Medico-Chirurgical Review, vol. vii, p. 201; (*Watson on Hæmaturia*,) xxi, 491; xxix, 231.

London Medical and Surgical Journal, vol. iii, p. 101; vii, 101.

Memoirs of Literature, vol. iii. p. 100, and 194; vol. iv, p. 357.

New York Medical Repository, vol. xvii, p. 359.

Quarterly Journal of Foreign Medicine and Surgery, vol. iv, p. 340.

Repertoire de Pyl. Schobelt, ii, sect. p. 316.

Rust, Magazin für die gesammte, Heilkunde, vi bond, 2 heft.

Helbing, (Regiments Aartes,) Bemerkungen über vorgeschützte Krankheiten.

Rust, Journal, vol. xiv, p. 574.

Schusters Medical Journal, Beiträge zur gerichtlichen arzneikunde, vol. xiv, p. 47.

Schmucker Jasser chez. Verm. Jehn, iii, p. 214.

Trans. of Coll. Phys. in London, vol. ii, p. 377; [*Gooch*] iii, 112; vi, 272.

United Service Journal of Nov. 1829; also several Papers by Tulloch on Pensioning Soldiers.

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